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burial-transit permit. Then please remave carbor remayal, and in any event within 72 haurs after.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the page 3 shauld be detached for use as the buriol-transit permit. Then the registrar prior to buriol, cyemation, ar remayal, and in any event

TO HOSPITAL

VS A1S (4) 1SM 9/5B

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

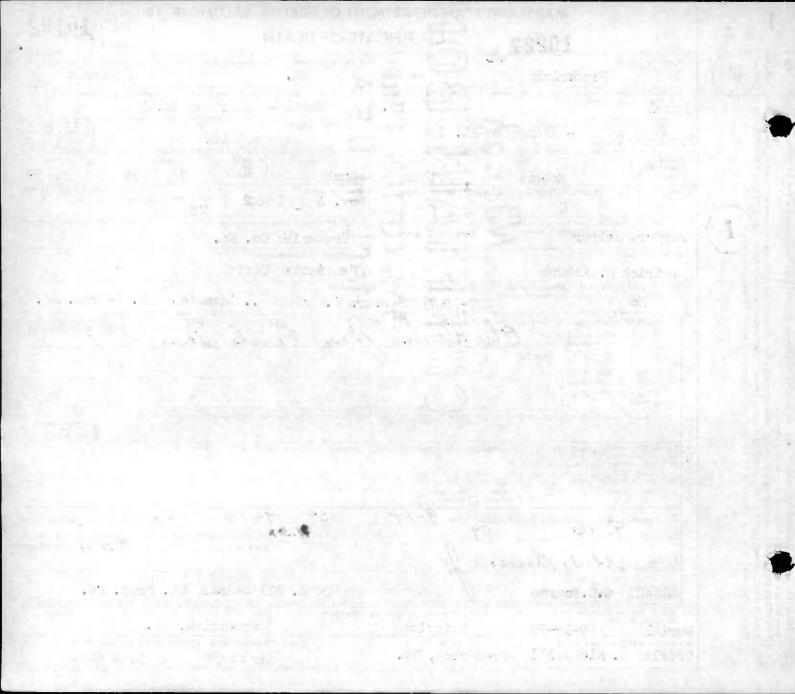
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10227

CERTIFICATE OF DEATH

10192

Reg. Dist. No

	and the state of t	_								•	
1. PLACE OF DEATH a. COUNTY	Frederick		MARYLAN		usual RESIDENCE		ed lived. If institut b. COUNTY		nce beforede		sian)
b. CITY OR TOWN (I RURAL and give no	If autside carporate limi earest tawn)	ts, write	c. LENGTH OF STAY IN 20 Xrs	- 11			orate limits, write stown Rt.		give ne	arest taw	n)
d. NAME OF HOSPIT OR INSTITUTION Pleasent Vi	TAL (If not in hospital, of Adams	town	Rt. 1	1	d. STREET ADDRE	ss LeasentV	i evr			ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Robert		Middle Arthur	Am	last bu s h	4. DATE OF DEATH	9	16	Do	,	Year 19 59
S. SEX	6. COLOR OR RACE	7. MARK	NEVER MARRIED [1/1	OV . 4	1882	9. AGE (In years last birthday) 76 yrs	Manths	R 1 YEAR Days	IF UND Haurs	ER 24 HRS.
10a. USUAL OCCUPATION during most of work	ON (Give kind of work of hing life, even if retired)	dane 10b.	KIND OF BUSINESS OR IN 分分子分分子分子	NDUSTRY	11. BIRTHPLACE (country)	12. CI	TIZEN OI	F WHAT (COUNTRY?
13. FATHER'S NAME					4. MOTHER'S MAID						
ratrick H	. Ambush				Henrhetta	a Coats					
1S. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of se	ervice)	SOCIAL SECURITY NO. 17-18-7720		RMANT a V. Ambi	ush A		Rt.	l-rr	ed.	md.
Canditians, if a gave rise to i cause (a), stating lying cause last.	mmediate the under-)									
CATIC	HER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE 1	TERMINAL DISEA	SE CONDITION GI	VEN IN PA	RT 1(a) 1	PERFC	RMED?
(IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	JRRED. (E	nter nature af injur	ry in Part I ar Pa	rt II af item 18.)				
Y 20c. TIME OF INJUR Haur a. m. p. m.	RY Manth, Day, Yea	20d. II While at war	Nat while		OF INJURY (Hame, , street, affice bldg		y ar tawn)		(Caunty)		(State)
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22a. BURIAL, CREMATIC REMOVAL (Specify) Burial		F	22c. NAME OF CEMETER Fairview	RY OR CE	REMATORY		ition (city, town, lerick, l			(Sta	te)
23. FUNERAL DIRECTOR Charles E.		Fre	ADDRESS ederick, Md.		24a. DATI	REC'D BY REGIS		ISTRAR'S S			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4)

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VS. A15ME(5) 5M 9/55

Raymond E. Creager

23. FUNERAL DIRECTOR'S SIGNATURE

Thurmont

ADDRESS

240. REC'D BY REGISTRAR MD DATE

24b. REGISTRAR'S SIGNATURE Cirimo & Thank

10196

e. IS RESIDENCE ON A FARM?

YES NO

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IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERNAL BETWEEN ONSET AND DEATH

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death. Page 4

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may be retain. If the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL O VS A1S (4) 1SM 9/58

								reg.	DIST. 140		
1. PLACE OF DEATH o. COUNTY	rederick		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Frederick							sion)
b. CITY OR TOWN RURAL and give	(If autside carporate limi negrest tawn) CK	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) // Frederick							n)
— OR_INSTITUTION	Memorial Ho			d. STREET ADDRESS 401 South Market Street e. IS RESIDENCE ON A FARMY YES NO 0						FARM?	
3. NAME OF DECEASED (Type or print)	Fir	st	Middle REGINA	CANNON	ł	4. DATE OF DEATH	Sept	_	-	-/	Year 19 59
s. sex Female	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRT			AGE (In years lost birthday) 50 yrs.	Month:		Hours	ER 24 HRS Min.
10a. USUAL OCCUPATION during most of we House-V	orking life, even if retired		KIND OF BUSINESS OR INDI		ACE (Stole		try)	12.0	USA	F WHAT	COUNTRY?
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	IAME					
James I	. Wynkoop			Mar	v B. 1	homas					
	VER IN U. S. ARMED FOR	ervice)	social security No.	INFORMANT Garel C.	e de la constante de la consta			ress	tem #	¥2)	
gave rise to cause (a), statin lying cause las	g the under- C)	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO) THE TERMI	NAL DISEASE C	ONDITION GI	VEN IN P	ART 1(a)	PERFC	AUTOPSY ORMED?
OR CONTRIBUTION	VAS UNDERLYING DIG CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE (CAUSE)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature a	f injury in f	Part I ar Port II	of item 18.)			100	NO WA
20c. TIME OF INJU	10	20d. II While at war	Not while f	LACE OF INJURY (actory, street, affice	Hame, farm bldg., etc.	20f. (City or	town)		(County		(State)
21. I certify alive an ACTUAL SIGNATURE	that I attended the	deceas _, 19_	~			M, from the ADDRESS (Street St.	e causes ar	nd an t	he dat	e stated	
PHYSICIAN'S NAME (Type)	H. F. Kline	, M.	D.	Fred	erick,	Md.					
22a. BURIAL, CREMAT			22c. NAME OF CEMETERY Pleasant Hil		ry	22d. LOCATIO Frederi				(Sied	le)
23. FUNERAL DIRECTO		n, Fi	ADDRESS rederick, Mary	land		BY REGISTRA	R 24b. REG	STRAR'S		IRE	

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VS A1S (4) 1SM 9/SB

TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

10199

	102	30	CEKTIFIC	LAIE OF L	EAIR			Reg. D	ist. No		
1. PLACE OF DEATH a. COUNTY Frede	rick		MARYLANI	a. STATE	DENCE (Where d		If institution. COUNTY		nce beforeder		ion)
b. CITY OR TOWN (If outsid RURAL ond give neorest to Frederick-Rura	own)	11-	c. LENGTH OF STAY IN 11		rown (If autside				give ne	arest town	n)
d. NAME OF HOSPITAL (IF IT	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Old Reciever Road				doress Reciever					e. IS RES	FARM?
3. NAME OF DECEASED (Type or print)	Fir		Middle BROWNE	CUNN	IGHAM 4.	DATE OF DEATH	Septe		Do		Yeor 1959
	ite	7. MARR	RIED NEVER MARRIED DIVORCED	B. DATE OF BIRT		9. AG	E (In years birthday) yrs.	Months	Days	IF UND Haurs	ER 24 HRS Min.
10a. USUAL OCCUPATION (Given during most of warking life House-work	e kind of work , even if retired	done 10b.	KIND OF BUSINESS OR INI At Home		ACE (Stote or fo	oreign country)		12. CI1	USA		COUNTRY
17. FATHER'S NAME Alexander S	. Brown	e			MAIDEN NAME		hmann				
15. WAS DECEASED EVER IN U. (Yes, no, or unknown) NO NO	S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	Mrs. J.R.	Jackson	n, Sewi	ckley,		na.		
Conditions, if any, wh gove rise to immedicouse (a), stating the unsulping couse lost.	ote DUE TO	<u> </u>	bronay	artery of	wine				y	lar	1
PART II. OTHER SIG	ERLYING USE OF DEATH		CONTRIBUTING TO DEATH E					EN IN PA	RT 1(o)	PERFC	RMED?
20c. TIME OF INJURY Mor		20d. If While	Nat while	PLACE OF INJURY (foctory, street, office		Of. (City or tow	(n)		(County)		(State
21. I certify that I calive an ACTUAL SIGNATURE	nitended the 919 weeks.	deceas	ed fram	m.D		fram the c RESS (Street, ci Buildi	ty or town,	d an th	ast sav e date	stated	d above signer
220. BURIAL, CREMATION, 22L REMOVAL (Specify) Se		1959	22c. NAME OF CEMETERY Sewickley		22d.	Sewic		or county)	J	enna Penna	
23. FUNERAL DIRECTOR'S SIGN M. R. Etchison		Free	ADDRESS derick, Maryl	and	24a. REC'D BY		24b. REGIS	STRAR'S SI			

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e. IS RESIDENCE ON A FARM?

YES NO X

Year

1959

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(County)

INTERVAL BETWEEN ONSET AND DEATH

Minutes

PERFORMED? NO D

DATE SIGNED

25,1959

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cute the REMOVAL (Specify) Sept 28 19 Buria Holv Trinity Cemetery Elkridge ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR DATE SEP 2 9 '59 E Lombard Street SM 9/55

24b. REGISTRAR'S SIGNATURE Orilling & Heart

VS. A15ME(5)

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Reg. Dist. No.

	111/13						vea.	31, 140,		
1. PLACE OF DEATH o. COUNTY Fred	lerick	MARYLAN		Maryla		ived. If institut b. COUNTY		deric		on)
b. CITY OR TOWN (RURAL ond give n Frederick	If outside corporate limits, we earest town)	rite c. LENGTH OF STAY IN 1		Town (If o		e limits, write f	RURAL and	give nea	rest town)
	TAL (If not in hospital, give s 1 Parkway	treet address)	d. STREET		rroll 1	Parkway				DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	First JOHN	Middle EDWARD	FOGLE	ost 1	4. DATE OF DEATH	Septe	ember	29,		9 59
5. SEX Male	3877 - 2 A	MARRIED NEVER MARRIED DOWED DIVORCED		тн 1884	9.	AGE (In years lost birthdoy)	Months Months	Doys	Hours	R 24 HRS. Min.
Retired—CJ	ON (Give kind of work dane king life, even if retired)	10b. KIND OF BUSINESS OR IN Wholesale Groc		PLACE (Stote		ntry)		IZEN OF	WHATC	OUNTRY?
13. FATHER'S NAME			14. MOTHER	'S MAIDEN N	AME					Jane
J. Edward	Fogle		Virg	inia F	lautt					
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES?		INFORMANT			Add	ress		2154	
(Yes, no, or unknown)	In yes, grid was as added as services	214-10-4442 1	Mrs. Flor	ence M	. Fogle	Same	as it	tem /	#1)	
	ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line far (a), (b), and (c)]	& Hen	ron	lage	_		INTE ONS	RVAL BE	TWEEN DEATH
Canditians, if a		artero sela					_	37	n	+
gove rise to i couse (o), stoting lying couse lost.		RESTREET.		//	75					
PART II. OTI		DNS CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMI	NAL DISEASE (CONDITION GI	VEN IN PAR	RT 1(0) 15	PERFO	NO KK
. 1	AS UNDERLYING [20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter noture	of injury in f	Part I or Port II	of item 18.)				
20c. TIME OF INJUR Hour o.m. p. m.	V	Od. INJURY OCCURRED 20e. Vhile Not while twark of work	PLACE OF INJURY foctory, street, off			r town)	(County)		(Stote)
21. I certify the	nat I attended the dec	ceased fram 1959, and that dec		8:20P	M, fram th	9_, 1927 e causes ar	that I lo			
ACTUAL SIGNATURE	Botho	mas			address (Street St	et, city or tawn		Oct 1		E SIGNED
PHYSICIAN'S ENAME (Type)	. O. Thomas,	M. D.	Fre	derick	, Md.					
220. BURIAL, CREMATIC BURIAL (Specify)		Mount Olive		ry		on (City, town,		nd	(Stote	=}
23. FUNERAL DIRECTOR M. R. Etc		Frederick, Mary	yland	24o. REC'I	D BY REGISTRA		ISTRAR'S SI		RE	
		*		UCI	6 59	- Chill	or at to	LAUNG		

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registror prior to burial, cremation, or remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/5B

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL OF

death. Page 4

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1023	12	EKHILICA	AIE OF DEAT	n .	Reg.	Dist. No.	
1. PLACE OF DEATH o. COUNTY	THE SELECTION		2. USUAL RESIDENCE (W			dence before adm	nission)
FREDERICK		MARYLAND	MARY	LAND	FRE	DER 10	CK
b. CITY OR TOWN (If outside corporate fire RURAL and give nearest town)	nits, write c. LENGTH (CURRED C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. STREST ADDRESS C. STREET ADR					
WOODSBORD RUR	AL YEAD	PS	WOODSBO	RO	RURAL		
d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION	give street oddress)		d. STREET ADDRESS			ON	A FARMS
3. NAME OF F	inst	Middle	Last	4. DATE	Month	Day	Year
(Type or print) ALICE	MICHI	AEL (GEIS BERT	OF DEATH	SEPT	14	100
5. SEX 6. COLOR OR RACE	7. MARRIED NEVE	R MARRIED	8. DATE OF BIRTH	9. AG			IDER 24 HRS
FW	WIDOWED 2	DIVORCED	OCT 9 - 189	72 6	Anna I I I I I I I I I I I I I I I I I I	Days Hour	s Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retire	done 10b. KIND OF 8US	SINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. 0	CITIZEN OF WH	AT COUNTR
HOUSEWIFE	OIVN' H	OME	MARY	1-AND		4.10	1
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
CHARLES L	MICHI	AE1	LAUKA	BROWN			
1S. WAS DECEASED EVER IN U. S. ARMED FO (Yes. no. or unknown) (If yes, give wor or dates of		IRITY NO. 17. 1	INFORMANT		Address		
No	219-36-	4244/11	S STEINER	, SMITI	4 WOO.	USBO1	PO 1
18. CAUSE OF DEATH [Enter only one of	couse per line for (o), (b),	ond (c).]				INTERVAL	BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ((a) C. or	onan	y occlu	Sion		ONSET AN	
4200 DUE TO		0	6.		14-14-		
Conditions, if ony, which)	(b) Cirterio	sclerol	ke carde	ac des	sass	5	ups.
gove rise to immediate couse (o), stating the under-	,						0
Indian annual treat	(c)						
PART II. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	IINAL DISEASE CON	DITION GIVEN IN P.	PER	FORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW II	NJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of i	tem 1B.)		
20c. TIME OF INJURY Month, Day, You Hour o. m. 19	eor 20d. INJURY OCCUR	RRED 20e. PL	ACE OF INJURY (Home, for	m, 20f. (City or taw	vn)	(County)	(State)
Hour o. m. 19	While Not whi at work	16	ctory, street, office blag., et	2.)			
21. I certify that I attended the	e deceased from C	ina. 10	1055 to 5	ShX. 14	10 5 9 that	I lost som th	a dagaa
alive an SENT. 8		/ 1		RA from the	source and an	the date at	e deceos
	1 2 2 3 7 5 7 6 10	1 . ()	r occorred di			the date sid	DATE SIGN
ACTUAL SIGNATURE A. Fra	mpli as	mes	M.D. Thus	mont	Me	1. 9/1	5/59
PHYSICIAN'S M. FRA	NKLIN !	BIRLE	LY THO	URMOI	YT M	15	
220. BURIAL, CREMATION, 22b. DATE THERE	OF 22c. NAME	OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or county	r) (Si	tote)
BURIAL SEPT 17.	-1959 177	HOF	P.F.	FRED	ERICK	Co	MO
23 FUNERAL DIRECTOR'S SIGNATURE	Window	s) md	24a. REC		24b. REGISTRAR'S		
The Polato	Irend also	med	DATE S	FL 1 8 22	arthur.	& traus	

TO HOSPITAL OF TO FUNERAL DI VS A15 (4) 1SM 10/57

death: Page 4

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10214

CERTIFICATE OF DEATH

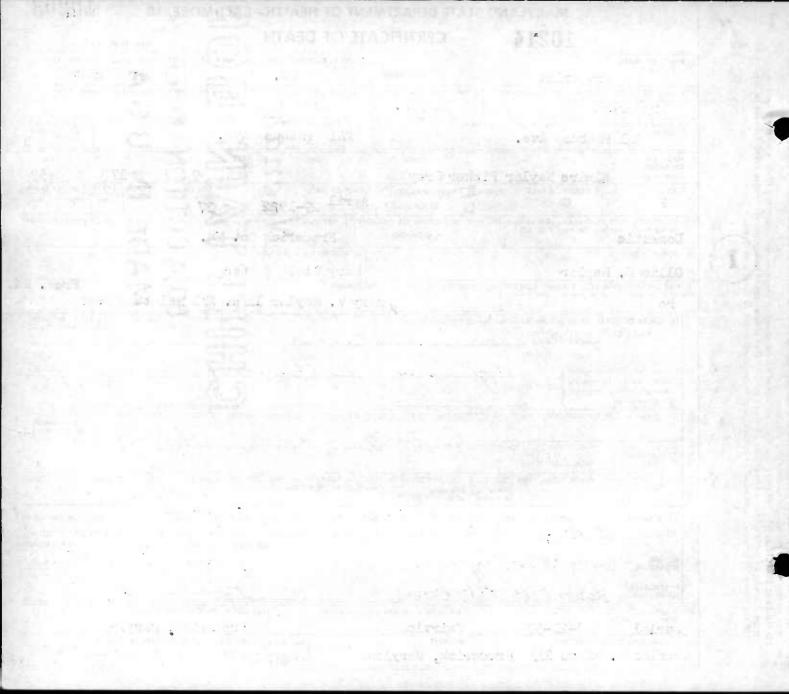
Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frede	rick		MARYL		USUAL R	ESIDENCE (Whe	ere deceosed	lived. If instituti b. COUNTY		deri		ion)
b. CITY OR TOWN (If autside RURAL and give negrest tow Frederica	corporate limit n)	s, write	c. LENGTH OF STAY I			rederic		ote limits, write R	URAL ond	give ne	arest town)
d. NAME OF HOSPITAL (IF not OR INSTITUTION Phebu	in hospitol, gi		address)	/	d. STREE	Phebus	Ave.		5			DENCE FARM? NO
3. NAME OF DECEASED (Type or print) Elmin	Fire Nayle		Middle sher Gray			Last	4. DATE OF DEATH	Mor		.7 Do	,	reor 959
			NEVER MARRIE	_ A	pril	29-19 2	2	9. AGE (In years lost birthdoy) 3.7 / yrs.	IF UNDER	Days	IF UNDE Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION (Give during most of working life, a Domestic	kind of work d even if retired)	one 10b. I	KIND OF BUSINESS OF			HPLACE (Stote o			12.CIT	IZEN OF	WHATC	OUNTRY?
13. FATHER'S NAME				1	4. MOTHE	R'S MAIDEN NA	AME			- 10		
Ollie E. Naylo	r			1	dary	Viola A	mbush					
15. WAS DECEASED EVER IN U. S (Yes, no. or unknown) (It yes, give	ARMED FORG		SOCIAL SECURITY NO.		RMANT	Naylor	11 W.	All Sai		tre		a. M
Conditions, if ony, whic gove rise to immediat couse (a), stating the under lying couse last.	DUE TO	8	ONTRIBUTING TO DEA	L Ca	T RELATED		NAL DISEASE	CONDITION GIV	VEN IN PAR	RT 1(o) 1	PERFO	AUTOPSY RMED? NO 6
PART II. OTHER SIGNI	LYING E OF DEATH EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CCURRED. (E	nter notur	e of injury in Po	ort I or Port	II of item 18.)				
20c. TIME OF INJURY Month Hour o. m. p. m.	, Doy, Yea	While	JURY OCCURRED Not while ot work			Y (Home, form, fice bldg., etc.)		or town)	(County)		(Stote)
21. I certify that I attalize an Salive an Salive an Salive an Salive an Salive and Signature Physician's NAME (Type) Roberts 220. BURIAL, CREMATION, REMOVAL (Specify)	ryso ert t	195 195 1. P	-0	M.D	curred	at_/;/ <i>QA</i> J	M, fram t	he causes are eet, city or town,	d an the	ast sav	stated	above.
burial 9-	-21-59		Fairview					derick,				
23. FUNERAL DIRECTOR'S SIGNAT Charles E. Hick		Fred	ADDRESS derick. Mar	yland			2 2 '59		STRAR'S SI	1 0		

TO HOSPITAL OF TTENDING PHYSICIAN: The law requires that the actual variables of the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove combon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, or remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/SB



death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10204

10233

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Krederick	MARYLAND	g. STATE	there deceased lived. If institute b. COUNT	rion: Residence befare admission) Y Frederick
RURAL and give	nearest tawn)	write c. LENGTH OF STAY IN 16			RURAL and give nearest tawn)
OR INSTITUTION			/d. STREET ADDRESS 19 East	Church Street	e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print)	First LUCII	Middle LE VIRGINI	Lost A HEFFNER	0.5	/
	and the second s			ast hirthday)	Manths Days Haurs Min.
during most of wo Domestic	ION (Give kind of work dor rking life, even if retired)	ne 10b. KIND OF BUSINESS OR INC At Home	OUSTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY USA
	eorge Clintor	n Streams			
RURAL and give nearest town) Braddock Heights d. NAME OF HOSPITAL (if not in hospital, give street address) OR INSTITUTION Vindabona Convalescent and Rest Home 1. SERSI OR INSTITUTION 1. LUCTLLE VIRGINIA BLOST 1. LUST LUCTLLE VIRGINIA HEFFNER 1. DATE DEATH September 2. The post of post birth or post of the set of the course per line for (a), (b), and (c).] 1. SEX COLOR OR RACE Whiten 1. MARRIED NOVERED NOVERED	21.002 3 22.002				
gove rise to cause (a), stating lying cause last	immediate g the under: (c)	TIONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERM	NINAL DISEASE CONDITION G	PERFORMEDZ
20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	G CAUSE OF DEATH	06. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I or Part II of item 18.)	YES NO K
20c. TIME OF INJU Haur a. m p. m	. 10	While Nat while	PLACE OF INJURY (Hame, fare factory, street, affice bldg., etc	m, 20f. (City or town)	(County) (Stat
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Syl 26 Sill Clauses R. School	, 1925, and that dea	th occurred allo:10. M.D. Profession	P.M., from the causes a ADDRESS (Street, city or town nal Building	ind an the date stated abov
Burial (Specif	Oct •1,1959	22c. NAME OF CEMETERY Mount Olivet		Frederick,	, or county) (State) Maryland
23. FUNERAL DIRECTO M.R. Etch		ADDRESS Frederick, Maryla	and DATE Of		SISTRAR'S SIGNATURE

may be retain.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the registrar priar to buriol, crematian, or remayal, and in ony event within 72 hours offer death.

TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

TO HOSPITAL VS A15 (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10205

e. IS RESIDENCE ON A FARM? YES NO

Year

1959

Min.

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

linutes

PERFORMED? YES [

DATE SIGNED

(Stote)

Sapt 26-1959

NO

(State)

Day

Days

U.S.

(County)

Frederick, Md

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VS. A15ME(5) 5M 9/55

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5. SEX

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V\$. A15ME(5) 5M 9/55

6

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10207 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Fredericl	(MARYLA	ND	2. USUAL RES		There decess	ed lived. If instit b. COUN	Ty Wash		
and give nearest town)		RURAL	c. LENGTH OF STAY IN	16		TOWN (If	outside corp	porate limits, writ	RURAL and	give nea	rest town)
Route 4		If not in hor	spital, give street address)		d. STREET	gerst		22000		0	. IS RESIDENCE
	Memoria				xeres			ress S ve			ON A FARM? YES NO X
3. NAME OF -DECEASED (Type or print)	R obert		I, ee	H	lughes		4. DATE OF DEATH	Septem		Day	Yeor 19 59
5. SEX	6. COLOR OR RACE	7- MARRI	ED NEVER MARRIED	3.	DATE OF BIRTH	1		9. AGE (In years	IF UNDER	YEAR II	UNDER 24 HRS.
Male	White	WIDOWE	D DIVORCED	1 1	larch 2	25,19	36	23 yrs.		Days H	lours Min.
100. USUAL OCCUPATION during most of working Draftsman	DN (Give kind of work of life, even if retired)	done 10b. I	KIND OF BUSINESS OR IN Lastington hnelogical	DUST		ACE (State	or foreign c	ountry)	1000	EN OF	WHAT COUNTRY?
13. FATHER'S NAME					14. MOTHER'S						
	ughes				Marg	aret	Good	ima			
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FO (If yes, give war or dates of	RCES? 16.	social security No. 4-34-0534		harles	Rou	zer I	Addres			
PART I DEAT	TH [Enter only one cau H WAS CAUSED BY: IMMEDIATE CAUSE (0)		for (o), (b), ond (c).] Crushed Ch	es	t					INTERVA ONSET	L BETWEEN AND DEATH
Conditions, if or gove rise to Immed (o), stoting the ucause lost.	liote couse										
PART II, OTH	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH E	BUT N	OT RELATED TO	THE TERMI	NALDISEASI	CONDITION GI	VEN IN PART		WAS AUTOPSY PERFORMED? S NO
20a. EXTERNAL CAU PRIMARY- or CON CAUSE OF DEATH.	SE WAS TRIBUTING []	b. DESCRIB Head	on collis	D. (E	n Rout	e 40	# m]	iles w,	of Fr	ed er	rick
20c. TIME OF INJUR Hour XaXm. 6 p. m.	9/24 195		INJURY OCCURRED 20e. e Not while the pork of work	PLAC focto	te of injury (in the 40	lome, form bldg., etc.	Rou		Fred		(Stote) C, Md
21. I certify th	at I taak charge	of the	remains described	aba	ve, held an	Autapsy	y 🔲 ,)r	spection 🗓	, Inquiry	/ 区,	and find that
death resulted	from: Natural	causes [, Accident A,	Suic	ide 🔲, H	amicide	☐, Ui	ndetermined	cause .		
ACTUAL SIGNATURE	BOM	Les	mas	_			AMINER			_	DATE SIGNED
EXAMINER'S NAME (Type)	B.O. Thom	as, M	.D.				EXAMINER	Se]	ptembe	21,9 <	5.1959
220. BURIAL, CREMATIO REMOVAL (Specify)	. 4.		22c. NAME OF CEMETERY	YOR	CREMATORY		22d. LOCA	TION (City, town,	or county)		(Stote)
Burial	9/24/199	59	Rest Haver	1 C	emetery		Hage	rstown		Mary	yland
Suter-Rouze	s signature er Funeral	Home	ADDRESS Hagerstown,	Ma	ryland		P 2 8 15		ISTRAR'S SIG		

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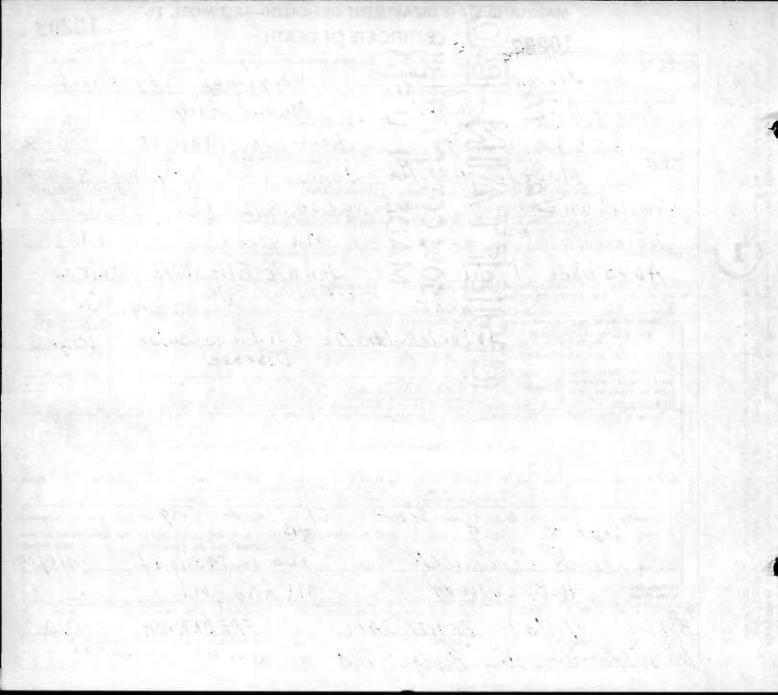
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TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the haspital or attending physician.

TO HOSPITAL O may be retoin TO FUNERAL DIR page 3 should be VS A15 (4) 15M 9/58

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		10237	CERTI	FICATE OF I	DEATH			
	PLACE OF DEATH a. COUNTY FIE	derick	MARY	o. STATE	A4 - /-	b. COUNTY	Residence before	ore admission)
	RURAL and give nearest	Aire:	2445	X	Mount	porote limits, write RUI	RAL and give ne	
	d. NAME OF HOSPITAL (IF	nat in Cospital, give 7_ So. M	wing St	1 d. STREET	7- Sa.	Mains	<u>'</u> +	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Maggi	e Fadell	a Jone	es DEA	TH Seoter	uber	8 19.59
	AMAZYAND O. STATE Mary (State Mary (State							
	House working life	e, even if retired)	21	R INDUSTRY 11. BIRTHP	1214/2n	n country)	12. CITIZEN O	F WHAT COUNTRY?
13.	A-bra h	am D	ie/1	Jes	111 fe E	112-2 beth	Wa	1+2
	is, no, or unknown) (If yes,			MINFORMANT J	Wling E	Yler Addres	iry, Ma	4
	PART I. DEATH W.	AS CAUSED BY:	A .	/ / .	Cardi	ovascu/a	INT ON	TERVAL BETWEEN
	Conditions, if any, w	hich) (b)			Disea	se		0,7.3
	couse (o), stoting the ur	nder- DUE TO						
CATION	PART II. OTHER SIG	SNIFICANT CONDITI	IONS <u>CONTRIBUTING</u> TO DEA	ATH BUT NOT RELATED TO	O THE TERMINAL DISE	ASE CONDITION GIVE	N IN PART 1(o)	PERFORMED?
L CERTIF	OR CONTRIBUTING C	AUSE OF DEATH	5. DESCRIBE HOW INJURY O	CCURRED. (Enter nature of	of injury in Port I or	Port II of item 1B.)		
MEDICA	Haur a.m.	10	While Not while	20e. PLACE OF INJURY foctory, street, office	(Home, farm, 20f. (c) te bldg., etc.)	City or town)	(County)) (State)
3		attended the de		death occurred at	7, to Sept.			
	ACTUAL SIGNATURE	Ba	elwell	M.D	ADDRESS	(Street, city or town, st	ote)	
	PHYSICIAN'S NAME (Type)	W.B. C	culwell		Mt. Airy	Md		
22		26. DATE THEREOF	BEAVER	DAM	22d. (O	CATION (City, fown, or	county)	(State)
23.	FUNERAL DIRECTOR'S SIGN	NATURE /	mion Bridge	. md	240. REC'D BY REC	1 '59 CL	TRAR'S SIGNATU	JRE COLL



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VS. A15ME(5)

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DEPUT MESICAL EXAMINER: This certificate shauld be executed within 24 hours ofter deoth. If ony delay is recessory, please exe-	te the centre, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral dir.	worded 12 //2 Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.	UNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pocart and 2 with the registrar prior ta burial, crematian,	9		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	100				/		Reg. Die	t. No.	
1. PLACE OF DEAT	H 1UZ Freder	ick	MARYLAND	2. USUAL RESIDE	NCE (Where Seco	b. COUNT		ice before adi	nission)
and give neares		, write BURAL	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (1) outside co	rporote limits, write			own) 🗸
Peters				Baltin			V01-	7	
Route 3	DISPITAL OR INSTITUTION	N (If not in h	ospital, give street address)	d. STREET ADD	Wilcox	Street		10	RESIDENCE N A FARM?
3. NAME OF DECEASED		First	Middle	Lost	4. DATE	Mont	h	Day	Year
(Type or print)	James	P Kin	onid.		OF DEATH	9	2	0	1959
5. SEX				B. DATE OF BIRTH		9. AGE (In years	IFUNDER 1		DER 24 HRS.
Male	White	WIDOW		4-1-19	10	last birthday) 1/9 yrs.	Months D	ays Hours	Min.
10a. USUAL OCCU	PATION (Give kind of w	ork done 10b	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLAC	(State or foreign	country)	12. CITIZ	EN OF WHA	COUNTRY?
Carpen			-	West V	irginis		U.	SA	
13. FATHER'S NAM	NE .			14. MOTHER'S MA				M. A. Ch. A	
	Gilbert	Kine	aid		Amy -	335.75			
15. WAS DECEASE (Yes, no, or unknown)	D EVER IN U. S. ARMED		6. SOCIAL SECURITY NO. 17.	INFORMANT		Address	Balti	more	
				Mrs.Robe	rt Moor	.1937 E	ast 3	lst S	t.
18. CAUSE OF	DEATH [Enter only one	couse per lin						INTERVAL BETY ONSET AND D	VEEN
PART I.	DEATH WAS CAUSED &	Yi Cr	ushed chest,	Fracture	d jaw s	nd nose		ONSEI AND D	EATH
800	X DUE								
Conditions	if ony, which)	Δ	utomobile Ac	cident				10000	
gove rise to i	mmediate cause	fol							
(o), stoting I	the underlying								
	OTHER SIGNIFICANT	(c)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	F TERMINAL DISEA	SE CONDITION GIV	EN IN PART	1/01/10 WAS	ALITOPSY
ICATIC							EL II TANI	YES	NO T
	CONTRIBUTING		BE HOW INJURY OCCURRED. (utomobile Ac		in Part I or Part	I of item 18.)			
	Month, Day, 9-20	50 Wh	. INJURY OCCURRED 200. PLA rile Not while Rock of work	CE OF INJURY (Hon	ne, form, 20f. (Ci	ersvill	e, Fre	d.Md	(Stote)
21. I certif	y that I taak cha	rge of the	remains described abo	ve, held an A	utapsy [],	Inspection.	Inquiry	, and	find that
death resu	Ited fram: Natur	al causes	, Accident , Su	icide 🔲, Han	nicide 🔲, l	Indetermined of	couse .		
	RM	0						DATE	SIGNED
ACTUAL SIGNATURE_	han.	uses	nas	_M.D. CHIEF MED	ICAL EXAMINER				
EXAMINER'S	B.O.Tho	mas			MEDICAL EXAMIN	**		9/20/	1959
22g RIIPIAL CREM	ATION, 226. DATE THE		22c. NAME OF CEMETERY OF		DICAL EXAMINER				
REMOVAL (Spi	ecify)			CREMATORT	220. LOC	ATION (City, town,	or county)	(Sto	re)
23. FUNERAL DIREC	TOR'S SIGNATURE	59	More land ADDRESS	124	Bol	KAMPE SE	fac.vl.	und	
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ICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No crematian PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND burial, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS prior NAME OF Middle DATE Month DECEASED (Type or print) DEATH 2 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER TYEAR 8. DATE OF BIRTH last birthday) Months WIDOWED R DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work done during most/of working life, even if retired) m 12. CITIZEN OF WHAT COUNTRY? pup may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT BALTIMORE Address Give 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gove rise to immediate couse Buo DUE TO (a), stating the underlying cause last. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY OS 20g. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) Exami should ward 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) (County) factory, street, office bldg., etc.) Not while O While 10 19 59 at work at work 21. I certify that I took charge of the remains described above, held an Autapsy [], Inspection X, Inquiry DIRECTOR: death resulted fram: Natural causes . Suicide | |, Accident X, Hamicide , Undetermined cause Chi ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE TO FUNERAL ASSISTANT MEDICAL EXAMINER Ö removo **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE SEP 2 3 '59 arthur of thous 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE

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IF UNDER 24 HRS

INTERVAL BETWEEN ONSET AND DEATH

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VS A1S (4)

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	MARYLA	AND STATE DEPARTA	MENT OF HEALTH	-BALTIMORE,		
	102	39 CERTIFIC	ATE OF DEATH	1	Reg. Dist. No	1021
1. PLACE OF DEATH O. COUNTY rede1	rick	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Maryl	ere deceased lived. If institution and b. COUNTY	on: Residence bef	are admissian)
Frederick-	-Rural RD#7	Years	c. CITY OR TOWN (IF of Frederick—R d. STREET ADDRESS Edgewood R	TOO THE STATE OF	URAL and give no	e. IS RESIDE ON A FA YES N
3. NAME OF DECEASED (Type or print)	First CHARLES	Middle MILTON	Lost KLINE	4. DATE Mor OF DEATH September		Yea 19
s. sex Male		7- MARRIED NEVER MARRIED X	8. DATE OF BIRTH 26 July 1893	9. AGE (In years last birthday) 66 yrs.	IF UNDER 1 YEA Months Days	Haurs 2
10a. USUAL OCCUPATI during most of wor Stone Mas	ON (Give kind af wark da king life, even if retired)	Construction	USTRY 11. BIRTHPLACE (Stote Maryland	ar fareign country)	USA	F WHAT COU
13. FATHER'S NAME Charles I	. Kline		14. MOTHER'S MAIDEN N	ebecca Kline	\$ T	504
15. WAS DECEASED EV (Yes, no, or unknown) Yes WW1	ER IN U. S. ARMED FORCE (If yes, give wor or dates of serv	vice)	INFORMANT lbert H. Smith	1042 Securit Hagerstown,	y Road	
18. CAUSE OF DE	ATH [Enter anly ane caus	se per line far (a), (b), and (c).]			IN	TERVAL BETW

e. IS RESIDENCE ON A FARM? YES NO PO Year 59 19 IF UNDER 1 YEAR IF UNDER 24 HRS. 12. CITIZEN OF WHAT COUNTRY? USA Road INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Aortic Stenosis 5Yrs IMMEDIATE CAUSE (a) DUE TO Cardial Vascular Disease 5Yrs Canditians, if any, which (b) gave rise to immediate DUE TO cause (a), stating the under-8Yrs Arteriosclerosis lying cause last CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) Year (County) (State) factory, street, affice bldg., etc.) Haur a.m. Not while at wark at wark 1957 that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at D. M. fram the causes and an the date stated above. ADDRESS (Street, city or tawn, state) DATE SIGNED ACTUAL SIGNATURE 228 N. Market Street 15 Sept 59 PHYSICIAN'S Frederick, Maryland B. O. Thomas, M. D. NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Burial (Specify) Sep 59 Rocky Springs Cemetery Rocky Springs Md. 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE SEP 2 2 '59 M. R. Etchison & Son, Frederick, Maryland O-Thun & through

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		1022	4	CERTIFIC	CA1	E OF DEATH			Reg. Dist.	No.	110
	PLACE OF DEATH o. COUNTY	Frederick		MARYLAN		o. STATE Maryla		ived. If institutio b. COUNTY		before odm	
	Brunswi		write	c. LENGTH OF STAY IN 1	- 0	c. CITY OR TOWN (If our Brunswick		te limits, write RU	JRAL ond giv	e nearest to	wn)
	OR INSTITUTION	rat (If not in hospital, given lest "J" St	street o			d. STREET ADDRESS	ь "J"	Street		ON	RESIDENCE I A FARM?
	NAME OF DECEASED (Type or print)	Polly		Middle Lj	Lps	c omb	4. DATE OF DEATH	9-6-		Day	Year 1959
S. :	Female		MARR	D DIVORCED	8.	7-4-1877	9.	AGE (In years last birthdoy) 82 yrs.	Months D	YEAR IF UN ays Hou	
10a	. USUAL OCCUPATION during most of wor House wi	ON (Give kind of work do king life, even if retired)		KIND OF BUSINESS OR IN	NDUSTR	Y 11. BIRTHPLACE (Stote o		ntry)		J.S.A	T COUNTRY?
13.	FATHER'S NAME	Willis V	Vhit	ten		14. MOTHER'S MAIDEN NA	_{ME} Jnknov	wn)			
15. (Ye		R IN U. S. ARMED FORCE (If yes, give wor or dates of servi		SOCIAL SECURITY NO.		erry L.Lips	seomb	, Bruns		Mary	land
CERTIFICATION	PART I. DEA LA 2 Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate the under- C) DUE TO (c)	Dec At	compensate terioscler	oti	ongestive c cardiova	scula	r disea	ise	ONSET AN	
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)				Enter noture of injury in Po					
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year	20d, IN While of work	_ Not while		E OF INJURY (Home, form, y, street, office bldg., etc.)	20f. (City o	r town)	(Co	unty)	(Stote)
	21. I certify the alive an Sell ACTUAL SIGNATURE PHYSICIAN'S	MAX.	. 1950	and that de	ath a	15 So. M.	Define the DDRESS (Streen	ne causes and et, city or town, s nd Ave.	d an the o	date stat	deceased ed abave. ATE SIGNED
220	BURIAL, CREMATIC	N, 22b. DATE THEREOF	_	22c. NAME OF CEMETER		Brunswic	22d. LOCATIO	ON (City, town, o	11		tote)
	Dor Tart	フーフーエソン	7	Lucketts	5		Luc	eketts.	virgi	nla	

24a. REC'D BY REGISTRAR

DATE SEP 1 0 '59

24b. REGISTRAR'S SIGNATURE

Cothing & Kraus

ADDRESS

Brunswick, Maryland

VS A1S (4) 15M 9/5B

23. FUNERAL DIRECTOR'S SIGNATURE

IT ASTOSO THE WITH HER STATE OWN PERSON HYARD RO HADRITHEN ACCULA no lucation in promoci teens of Canel La imports of most - (new min of the same of the hardy L. Ligeson's, the mortes, are then senior respirations become property that the are alternative and the contract of the term The same of the sa place and an experience of the same addesing Carleto Catera ' washin, Viester' Former Berg Compactive Compactive

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Page 4	director	
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	y fil	age	
	and camplete	ban papers.	er death.
	S. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fil	page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Page	the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.
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Suysician	s peen s	al-transit	aval, and
rending	ificate ho	the buri	, or rem
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TENDING PHYSICIAN: The law

HOSPITAL

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Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Frederick Maryland b. COUNTY MARYLAND Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Frederick vears Frederick d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Montevue 4th.Street Ex. YES NO DE NAME OF First Middle 4. DATE Month Yeor DECEASED Thomas Miller (Type or print) Longbrake DEATH 1.0 1959 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Male White 3-10-1887 WIDOWED F DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Retired Hostler B.&.O.R.R.Co West Virginha U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Longbrake Dallis Miller 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address No Mrs.Gertrude L.Goodwin, Arlington, Va. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 13415, IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work ot work 21. I certify that I attended the deceased fram (0, 1959, that I last saw the deceased and that death accurred at 10 AM, from the causes and an the date stated above ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Petersville, Maryland Burial 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR Brunswick, Maryland C -1 2 & Frank DATE SEP 1 4 '59

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١.	PLACE OF DEATH o. COUNTY	rederick	3	MARY	(LAND	o. STATE	aryl		lived. If institution b. COUNTY		nce befo		ion)
	b. CITY OR TOWN RURAL ond give r Brunsw:		its, write c	LENGTH OF STAY		c. CITY OR TO			ote limits, write RI	URAL ond	give nec	arest town)
	d. NAME OF HOSPI OR INSTITUTION			dress)		d. STREET AL		"C" S	treet				PARM?
3.	NAME OF DECEASED (Type or print)	Harry	rst	Middle C •		nch	-40	4. DATE OF DEATH	Mon	th 9	22	'	Yeor 19 5 9
5.	sex Male	6. COLOR OR RACE	7. MARRIS	NEVER MARRI		DATE OF BIRTH	,		9. AGE (In years lost birthdoy)	IF UNDE Months	R 1 YEAR Days	Hours	R 24 HRS. Min.
100	during most of wor	ON (Give kind of work rking life, even if retired Engines)	done 10b, KII	ND OF BUSINESS OF ATTROPHENT OF BUSINESS O	R INDUST			or foreign co	untry)		U.S.		OUNTRY?
13.	FATHER'S NAME UN	KNOWN ER IN U. S. ARMED FOR	CES? 16. SO	CIAL SECURITY NO	.1)	14. MOTHER'S	MAIDEN N	UN	KNOWN Addr Brunswi		Viany	rlan	đ
		the <u>under-</u> DUE TO	Acu	for (0), (b), ond (c).		scular	thro	mbosi	S		izī	ERVAL BEET AND MIT	DEATH
ERTIFICATION	20a. ACCIDENT W	HER SIGNIFICANT CON		NTRIBUTING TO DE			- 13			EN IN PA	RT 1(o) 1	PERFO	AUTOPSY RMED? NO 🔯
MEDICAL CI	20c. TIME OF INJU Hour o. m. p. m.	Y MEDICAL EXAMINER) RY Month, Doy, Ye 19	ar 20d. INJL While of work [JRY OCCURRED Not while	20e. PLAC	CE OF INJURY (Hory, street, office	lome, farm bldg., etc.	, 20f. (City	or town)		(County)		(Stote)
	alive an Se		195			occurred at I	2:15 0. N	M, fram t ADDRESS (Str [aryla	22, 19 5, the causes an eet, city or town, and Ave	d on th	e date	stated	abave E SIGNED
220	BURIAL, CREMATIC REMOVAL (Specify			2c. NAME OF CEM					ION (City, town, o		land	(Stot	в)
3.	FUNERAL DIRECTOR		runswi	ADDRESS Lek, Mary			240. REC'I	BY REGIST	RAR 24b. REGIS		IGNATU	RE	

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death. Page 4

the registrar priar ta burial, VS A15 (4) 1SM 9/SB

a. COUNTY	Frederick	MARYLAND	o. STATE	Maryl	Land	b. COUNTY	Fre	deri	ick	
b. CITY OR TOWN RURAL ond give of Braddoc	(If autside carporate limits, neorest town) K Heights	write c. LENGTH OF STAY IN 16	c. CITY OI	Freder		rote limits, write R	URAL onc	give ne	arest taw	n)
d. NAME OF HOSP OR INSTITUTION Vindabona	ITAL (If not in hospitol, give Convalescent	& Rest Home		East C	Church	Street				FARMY NO
3. NAME OF DECEASED (Type or print)	First MINN	Middle R.		ARTZ	4. DATE OF DEATH	Mon Sept	th cembe	er 2	1	Year 19 59
5. SEX Female		MARRIED NEVER MARRIED	B. DATE OF BIR		370	9. AGE (In years birthdoy) yrs.	IF UNDE Months		Haurs	ER 24 HRS. Min.
10a. USUAL OCCUPATE during most of wo Domestic	ION (Give kind af wark don rking life, even if retired)	10b. KIND OF BUSINESS OR IND At Home	USTRY 11. BIRTH	PLACE (Stole	ar foreign co	ountry)	12. CI	USA		OUNTRY?
13. FATHER'S NAME JOS	hua James			r's MAIDEN N		e Baker				
1S. WAS DECEASEDEV (Yes, no, or unknown)	ER IN U. S. ARMED FORCE:	let let	rs. Rene	x. G	ibo -	Add Same as		#2		
Canditians, if gave rise ta cause (o), stating lying cause lost PART II. O1	immediate DUE TO therefore (c) THER SIGNIFICANT CONDIT	TONS CONTRIBUTING TO DEATH BU	IT NOT RELATED	TO THE TERMI		E CONDITION GIV	'EN IN PA	ART 1(o)	PERFC	AUTOPSY DRMED?
OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJU Haur a. m. p. m.	G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Day, Year		ED. (Enter nature	Y (Home, farm	n, 20f. (City	or tawn)		(Caunty)		(Stote)
alive an	hat I attended the discours R. Scho	eceased fram	M.D. Pro	9:15A	M, fram ADDRESS (St nal Bu	reet, city or town, ilding	d on th	last same ne date	e stated	deceased dabave. re signed
220. BURIAL, CREMATI REMOVAL (Specify Burial	ON, 22b. DATE THEREOF Sept . 29,19	22c. NAME OF CEMETERY Mount Olivet		У	22d. LOCAT	rick,	ar county	Mar	yland	ie)
23. FUNERAL DIRECTOR M. R. Etc		ADDRESS Frederick, Mary	and		D BY REGIST		STRAR'S S			

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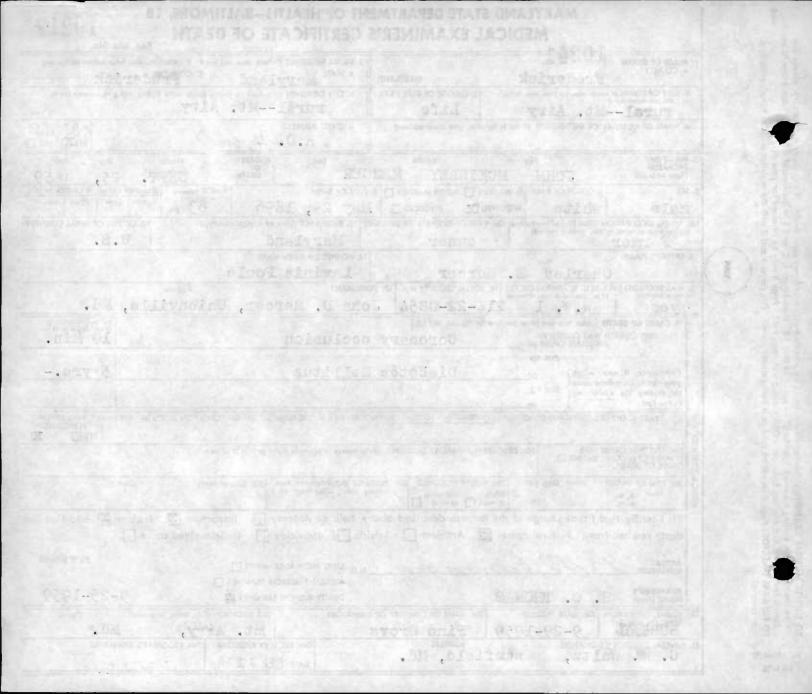
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	100/4				Reg. Dist. N	lo.
1. PLACE OF DEATH o. COUNTY	Frederick	MARYLAND	o. STATE Marvl.	and b. county		Carried Control
and give nearest tow	(If outside corporate limits, write RUR rn) -Mt. Airy	c. LENGTH OF STAY IN 16		outside corporote limits, write -Mt. Airy	RURAL and give	nearest fown)
d. NAME OF HOSPI	TAL OR INSTITUTION (If no	t in hospital, give street oddress)	d. STREET ADDRESS R.D.	4		o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	JOHN First	MCKINLEY MER		DATE Month OF SET	от. 25	
s. sex male		MARRIED NEVER MARRIED 8	May 29, 189	9. AGE (In years lost birthday) 6 3 yrs.	Months Days	
10a. USUAL OCCUPATI during most of worki Farmer	ing life, even it refired)	10b. KIND OF BUSINESS OR INDUST			12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME		
	Charles E.	Mercer	Lavinia H	Poole		
(Yes, no, or unknown)	VER IN U. S. ARMED FORCES (If yes, give war or dates of service W. W. 1 ATH [Enter only one cause po	214-22-0854 J	ohn D. Merc	eer, Unionvi	IN	ERVAL DETWEEN
PART I, DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO	Coronary	occlusion		1	O Min.
Conditions, if a gove rise to imme (o), stoting the couse lost.	ediote couse	Diabetes	Mellitus		5	yrs
PART II. OT	THER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	IALDISEASE CONDITION GIVE	EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	AUSE WAS DITRIBUTING D	ESCRIBE HOW INJURY OCCURRED. (E	nter noture of injury in Port I	or Port II of item 18.)		
20c. TIME OF INJU		20d. INJURY OCCURRED 20e. PLACE While Not while foctor work of work	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
		the remains described about ses , Accident , Sui	ve, held an Autopsy cide, Homicide		promp has	, and find that
ACTUAL SIGNATURE	BOThe	mas	_M.D. CHIEF MEDICAL EXA	tad.		DATE SIGNED
EXAMINER'S NAME (Type)	B. O. THOMA	AS	DEPUTY MEDICAL EX	35	9-2	5-1959
	on, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR Pine Grove		22d. LOCATION (City, town, o	r county)	(Stote)
23. FUNERAL DIRECTOR	r's SIGNATURE W:	infield, Md.	24a. REC'D	n 2 a 15 a	TRAR'S SIGNATI	

VS. A15ME(S) SM 9/55

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O HOSPITAL OF TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of de		O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune	page 3 shauld be detoched far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should	
24 hours		ed in b	l and	
within		etely fill	. Pages	
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certific		ng physi	e remove	72 hour
e death		aftendi	en please	t within
s that th		d by the	nit. The	the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer-death.
require	ion.	en signe	nsit perr	and in c
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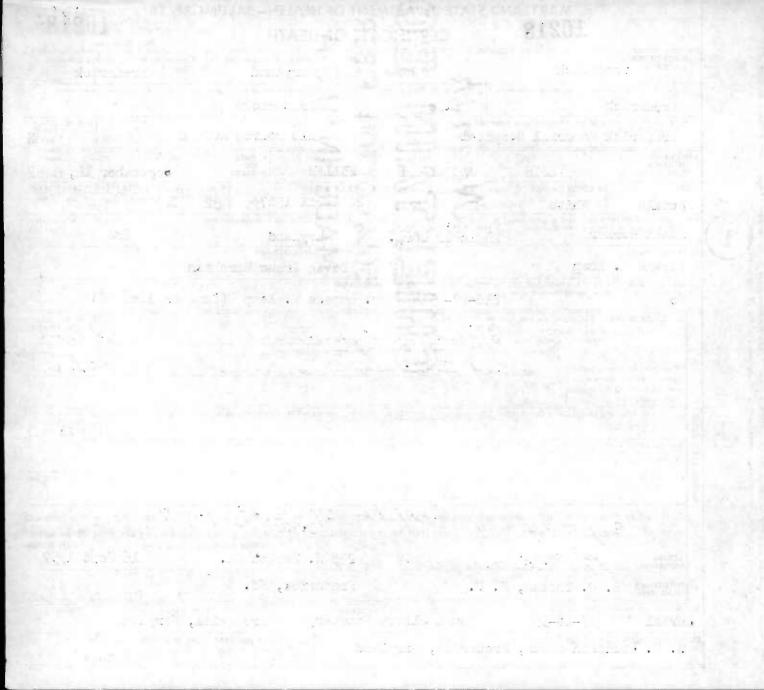
VS A15 (4)

15M 9/58

	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
10218	CERTIFICATE OF DEATH	Re

10218

a. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Frederick o. STATE Maryland b. COUNTY Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Frederick Life Frederick d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Frederick Memorial Hospital ON A FARM? 110 Monroe Avenue YES NO NAME OF Middle 4. DATE Month Yeor DECEASED JACQUELINE LOTS MILLER (Type or print) DEATH September 14, 19 5. SEX 9. AGE (In years last birthdoy) 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED T 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys 20 April 1927 Hours White Female WIDOWED [7] DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most at working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Plant Worker even if retired) USA Maryland Engineer Corp. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eugene M. Kemp Dovie Trene Harshman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (Yes, no, or unknown) (Same as item #2) Mr. Eugene M. Kemp 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: la lus adhinatus IMMEDIATE CAUSE (o) DUE TO Tolete Cardiac Failone Canditians, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES XX NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (Stote) Hour o. m. foctory, street, office bldg., etc.) While Not while p. m at work ot work 21. I certify that I attended the deceased fram. 1957, that I last saw the deceased and that death accurred at 3:50P M, fram the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL N. Market St. PHYSICIAN'S B. O. Thomas, M. D. Frederick, Md. NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county) (Stote) PREMOVAL (Specify) Mount Olivet Cemetery Frederick, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR M. R. Etchison & Son, Frederick, Maryland DATE SEP 1 7 '59 arily & Huns



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r death. Page 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	MAKTLAND	SIAIE DEPAKIN	IENI OF HEALIH-	BALIIMUKE, I	11	1219
	10219	CERTIFICA	ATE OF DEATH		Reg. Dist. No.	1010
1. PLACE OF DEATH a. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (Where of STATE Maryla)	- b COUNTY		mission)
RURAL and give	I (If autside carporate limits, write inearest tawn) OCCION	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autsid	le carporate limits, write R	URAL and give nearest to 6×-2	own)
OR INSTITUTIO	PITAL (If not in haspital, give street of North Mem. Hos		d. STREET ADDRESS Main	St.	01	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Clara	Middle O •	11 . 11	DATE Mon OF DEATH	th Doy	Year 19 5-9
s. sex female	6. COLOR OR RACE 7. MARR	DIVORCED DIVORCED	8. DATE OF BIRTH 8-17-1891	9. AGE (In years last by the day) OO yrs.	Manths Days Hou	NDER 24 HRS. Irs Min.
during mast af w	TION (Give kind af wark dane 10b. rarking life, even if retired) SEWITE	own home	Maryland		12. CITIZEN OF WH	IAT COUNTRY?
13. FATHER'S NAME	Thomas Wetze		Mary E. Da			
1S. WAS DECEASED E (Yes, no, or unknown)	VER IN U. S. ARMED FORCES? 16.		nformant rs. Elsie M. :	Duvall, s	ame	
Canditians, if gave rise ta cause (a), static lying cause las	inny, which immediate by the under-	leviore	levotic (4	ent di	30 van 57	NO DEATH
CATI	OTHER SIGNIFICANT CONDITIONS CONSTITUTIONS C		T NOT RELATED TO THE TERMINAL ED. (Enter nature of injury in Part)		/EN IN PART 1(a) 19, W/PEI	REORMED
OK CONTRIBUTION (IF EITHER, NOTI 20c. TIME OF INJ Have a. m	IURY Month, Day, Year 20d. In While	_ Nat while fa	ACE OF INJURY (Home, farm, 2)	Of. (City or town)	(Caunty)	(State)
21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Henry V	chase		from the causes of RESS (Street, city or lawn, hurch		
22a. BURIAL, CREMA REMOVAL (Speci BURIA 23. FUNERAL DIRECTO C. M.	I 9-12-1959	22c. NAME OF CEMETERY C Pine Grov ADDRESS ADDRESS ADDRESS				itate)
			DATE SE	P 1 4 '59	Orthur & those	1

may be retain the haspital or attending physician.

S FUNERAL D. 10R: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 have after death. TO HOSPITAL OF TO FUNERAL D VS A15 (4) 15M 9/SS

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			and all highests their effects (C)
The State of			
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FOR STATE HEALTH DEPT.

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executed within 24 haurs after death. If any delay is neglissary, please it in Item, 18. Give Pages 1, 2, and 3 to the funeral citar. Page fiftice along with form PMS. Page 5 may be retained "your files. Iransi permit. File pages, and 2 with the State Badrd of Health, Iransi any event within 72 hours after death.

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15	A	151	TO FUNERAL DIRECTOR: Page 3 should be used as a burial	
3	M	2/5	7	
2	A	.,,		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

										Keg. Di	ST. NO		
	LACE OF DEATH	10242				2. USUAL RESID	ENCE (W	here deced	sed lived. If instit	tution: Reside	nce bef	ore adm	ission)
	. COUNTY	rederick		MARYLA	AND.	o. STATE	Mary	rland	b. COUN	ry Fi	rede	ricl	k
t	. CITY OR TOWN ((If outside corporate limits, writ	RURAL	c. LENGTH OF STAY IN	116	c. CITY OR T	OWN (If	outside con	porote limits, write	RURAL and	give n	eorest to	wn)
	Buckeysto			Years		X	Buck	ceysto	רדשיר				
(If not in he	ospitat, give street address)		d. STREET AD						ON	ESIDENCE A FARM?
	NAME OF DECEASED Type or print)	Fir MERHL	si	Middle T •		O HARA		4. DATE OF DEATH	Mon Sent	m ember	Doy		reor 9 59
5. 9	EX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	8.	DATE OF BIRTH			9. AGE (In years		IYEAR	-	ER 24 HRS.
	Male	White	WIDOW	ED DIVORCED		February	v 2.1	891	68 yrs.	Months	Days	Hours	Min.
10a	usual occupati uring most of worki Farming	ION (Give kind of working life, even if retired)	done 10b.	KIND OF BUSINESS OR IN	DUSTR	Y 11. BIRTHPLAC		or foreign	country)		JSA	WHAT	COUNTRY
13.	FATHER'S NAME				1	14. MOTHER'S M	AIDEN N	AME					
		John O	Hara	357 12 12 12 12 12 1		Mo	ollie	L. (Bear				
	. no. or unknown)	VER IN U. S. ARMED FO (If yes, give wer or dates of NO				FORMANT William	н.	0'Har	a Frede	buth M	lark Mar	et S ylan	treet
	PART I. DEA 420./ Conditions, if a gove rise to imma (a), stating the couse lost.	ediate couse		CORONARY OC	CLU	SION					ONS	inut	es
1CATION				ONTRIBUTING TO DEATH						VEN IN PART			AUTOPSY PRMED?
CERTIFI	20g. EXTERNAL CAPRIMARY OF CO	ONTRIBUTING []	b. DESCRI	BE HOW INJURY OCCURRI	ED. (En	ler noture of inju	ry in Port	I or Port II	of item 18.)				
MEDICAL	20c. TIME OF INJU	JRY Month, Doy, Ye	Whi		PLAC	E OF INJURY (Ho ry, street, office b	me, form, ldg., etc.)	20f. (Cit	y er fown)	(Cou	nly)		(Slote)
				remains described causes . Accide	_			lamicide	nspection [2]	, Inquir ermined n	-		d in my
	ACTUAL SIGNATURE	Blithe	m	03		M.D. CHIEF MEI		_				DATE S	SIGNED
	EXAMINER'S HAME (Type)	3. O. Thomas	,MD.			DEPUTY M					9	/5/1	1959
-	BURIAL, CREMATION REMOVAL (Specify	Sept. 7,19		22c. NAME OF CEMETER Bush Creek					TION (Cily, town,	or county)		ylar	e)_
23.	FUNERAL DIRECTO	R'S SIGNATURE	-	ADDRESS				BY REGIS		ISTRAR'S SIG	NATUR	E	
	M. R. Etc	hison & Sor	I. Fr	ederick. Mary	7lar	nd .	SE	P 9'	59 0	rling &	Turas	LA.	

MARYLAND STATE DEPARTMENT OF HEALTHCHEARDINGS OF SEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	PLACE OF DEATH	7220 m			Ti	2. USUAL RESIDE	NCE (WI	here deceas	sed lived. If instit		Dist. No		aission)
	o. COUNTY Fred	erick		MARYE			ryla		b. COUNT	N -	rrol	_	V
	b. CITY OR TOWN (II	outside corporale limits, write	RURAL	c. LENGTH OF STAY I	N Ib	c. CITY OR TO	WN (If	outside corp	porate limits, write	RURAL a	nd give	nearest to	own)
	Frederick					93 Wes	st M	ain S	treet	0	62	7 2	2
				hospital, give street address)	d. STREET ADD	RESS					e. IS R	A FARM?
	DOA Fred	erick Memor	rial	Hospital		Westmi	inis	ter					NO
3.	NAME OF DECEASED	Firs	1	Middle		lost		4. DATE	Mont	h	Doy	,	Yeor
	(Type or print)	ROBI		CHURCH		PLUSH		DEATH		ptemb	er 2	1,	19 59
5.	SEX		7. MAI	RRIED NEVER MARRIED	☐ B. C		200		9. AGE (In years loss buildey)	IF UNDE Manths	R TYEAR	Hours	Min.
	Male	White		VED DIVORCEDX		2 Dec 18			(O yrs.	Wouns	Days	Hours	Min.
100	 USUAL OCCUPATION during most of working 	ON (Give kind af wark d g life, even if retired)	lane 10	. KIND OF BUSINESS OR II	NDUSTRY				country)			F WHAT	COUNTRY
	Retired I	Brakeman		Railroad		Wiscor	nsin			I	ISA		
13	FATHER'S NAME	7 707 1			1	4. MOTHER'S MAI							
	William F					Mary Mary	ller	S					
	n, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or doles of s		6. SOCIAL SECURITY NO.		DRMANT			1540	S. Gr	een	St.,	
	No			None	Mrs	. Lewis 1	1. E	swort	hy, West	minis	ter	Md.	
3	ACT TO SECURE A SECUR			ne for (o), (b), ond (c).]							ONS	EVAL BETW	ATH
		H WAS CAUSED BY: IMMEDIATE CAUSE (a)	M	yocardial Int	farct	,					1	2 Ho	urs
	420.1	DUE TO											
	Conditions, if a		H	ypertension a	and A	rteriosc	ler	osis			15	Year	s-Plu
	gave rise to immed (a), stating the s												
	cause last.) (c).											
3	PART II, OTH	ER SIGNIFICANT CON	OITIONS	CONTRIBUTING TO DEATH	BUT NO	RELATED TO THE	TERMIN	NAL DISEAS	E CONDITION GI	VEN IN PA	RT I(a)		AUTOPSY DRMED?
3												YES 🗌	NO X
CERTIFICATION	20g. EXTERNAL CAL PRIMARY OF OF CON CAUSE OF DEATH.	SE WAS STRIBUTING []	b. DESC	RIBE HOW INJURY OCCURI	RED. (Ente	er noture of injury	in Part	l or Pert II	of item 18.)				
3	20c. TIME OF INJU	Y Month, Day, Yeo	1		e. PLACE	OF INJURY (Home	e, form,	20f. (City	or town)	(C	aunty)		(Stote)
MEDICAL	Haur o.m. p.m.	19		hile Not while work at work	roctory	, street, affice bld	g., erc.)						
	21. I certify th	at I taok charge	of th	e remains described	abave	, held an Au	topsy	D. 1	nspection X	Inqu	iry [2	an	d in my
				l causes 👿. Accid	_		_	amicide		rmined	,		
	ACTUAL SIGNATURE	300h	,	nas		M.D. CHIEF MEDI		-				DATE	SIGNED
	EXAMINER'S NAME (Type)	B. O. Thomas	s, M	. D.		ASSISTANT I			**	21	Ser	t 19	59
220	REMOVAL (Specify)	N. 226. DATE THEREO	F	22c. NAME OF CEMETE					TION (City, town.			(Stot	e)
	DILL J'CHT	1-25-57		Reformed	ceme	rera		Midd	letown,	mary	.and		
23.	FUNERAL DIRECTOR	SSIGNATURE	Tr-	ederick, Mar		240	. REC'D	BY REGIST		STRAR'S S		RE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

RTMENT OF HEALTH—BALTIMORE, 18

10222

	100/	2	CERTIFI	CAT	E OF DEAT	TH		Reg. Dist. N	lo.
1. PLACE OF DEATH o. COUNTY	ederick	3	MARYLAN		USUAL RESIDENCE (Vo. STATE	Where deceased yland	d lived. If institution b. COUNTY	_	efore odmission) derick
b. CITY OR TOWN (III RURAL and give ne Thurmon	outside corporate lim arest town)	its, write c.	LENGTH OF STAY IN 50 yrs		c. CITY OR TOWN (I		prote limits, write R	URAL ond give r	nearest town)
d. NAME OF HOSPIT OR INSTITUTION Own H	AL (If not in haspital, g	give street add	dress)	1	d. street ADDRESS Greenho	ouse R	d.		e. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print)	Mar		Middle Atherine	Powe	lost	4. DATE OF DEATH	Sep		Day Year 19 59
5. SEX Female	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED [_	Nov. 11,	1885	9. AGE (In years last birthday) yrs.	Months Days	AR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION during most of work Housewife	N (Give kind of work ing life, even if retired	done 10b. KIN	of Business or in	NDUSTRY		nte or foreign common t	ountry) Md.		J.S.A.
13. FATHER'S NAME Daniel	Shook			14	Matt		orton		
1S. WAS DECEASED EVER (Yes, no, or unknown)	R IN U. S. ARMED FOR If yes, give wor or dates of s		CIAL SECURITY NO.		rmant arbis N.	Powel	1 Th	urmont	, Md.
Conditions, if or gove rise to in couse (o), stating lying couse lost.	nmediate the <u>under-</u> DUE TO))	NTRIBUTING TO DEATH	BUT NOT	f RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	/EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO (7)
G (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCCU	URRED. (E	nter noture of injury i	in Part I or Par	t II of item 18.)		
20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Ye	While _	URY OCCURRED 20e Not while of work	e. PLACE factory,	OF INJURY (Home, fa , street, affice bldg., c	orm, 20f. (City	y or town)	(Count	(Stote)
alive on	at attended the	deceased , 19 5 Gray	fram Sefet 9., and that de	eath ac	curred at 3:14	ADDRESS (S		d an the da	the deceased ite stated above. DATE SIGNED 14-1959
220- BURIAL, CREMATIO	9-15-59	OF 2	2c. NAME OF CEMETER Blue Rid		EMATORY Cemetery	-	TION (City, town, ourmont,	or county) Maryl	(Stote) and
23. FUNERAL DIRECTOR'S		r T	hurmont,	Md.	1	SEP 1 7	150	STRAR'S SIGNAT	

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death. Page 4

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL VS A15 (4) 15M 9/58

	1.097		CERTIFIC	ATE OF	DEATI	Н		Reg. D	ist. No.	with the	223
a. COUNTY	ederick	•	MARYLAND	2. USUAL I a. STATE			d lived. If instituti b. COUNTY	_	ence before		sian)
RURAL and g	NN (If autside carporate lim ive nearest tawn) W Market	its, write	c. LENGTH OF STAY IN 16	c. CITY	OR TOWN (IF		rate limits, write R	URAL ond	give ned	arest taw	m)
d. NAME OF H OR INSTITUT	OSPITAL (If nat in hospital, (ION	give street	address)	d. STRE	ET ADDRESS					ON A	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Fi LOI	TIE	Middle ELEANOR	REMS	Lasi SBURG	4. DATE OF DEATH	Man Se	ntemb	per]		Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF 1	ec 1909		9. AGE (In years last birthday) yrs.	IF UNDE Manths	R 1 YEAR Days	tF UND Haurs	ER 24 HRS Min.
10a. USUAL OCCU during mast of House-	f warking life, even if retired	dane 10b.	At Home		THPLACE (Stote		auntry)	12. CI	USA	WHAT	COUNTRY?
13. FATHER'S NAM Wesley					er's maiden i Unknown						
15. WAS DECEASE (Yes, no. or unknown)	DEVER IN U. S. ARMED FOI		SOCIAL SECURITY NO. None	INFORMANT [elvin]	R. Smit	h, Gai	thersbur.		d.		
gave rise cause (a), sto lying cause	- ') C	contributing to DEATH BI	Reft JT NOT RELATE	bre D TO THE TERM	INAL DISEAS	E CONDITION GIV	VEN IN PA	ART 1(a) 1	PERFO	ORMED?
(IF EITHER, NO	IT WAS UNDERLYING ITING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURI	RED. (Enter natu	re af injury in	Part I ar Par	t II af item 18.)			YES [] NO [2]
Haur a	NJURY Manth, Day, Ye i. m. i. m.	ar 20d. I While at war	Nat while	PLACE OF INJU actory, street, o			ar tawn)		(Caunty)		(State)
21. I certificative an ACTUAL SIGNATURE_ PHYSICIAN'S NAME (Type)	y that I attended the Sept. 13 Page L. A Ralph L. Mi	19	59 , and that dea	M.D. Free		ADDRESS (S Shoppi	the causes and treet, city or lown, and Center	d an tl state)	ne date	state:	deceased d abave TE SIGNET 1959
220. BURIAL, CREA BULLIAL (Sp	MATION, 22b. DATE THEREG		22c. NAME OF CEMETERY Mount Olive				TION (City, town, lerick, M.		,	(Sta	ite)
M. R. E	ton's signature tchison & Sor	, Fr	address ederick, Mary	and	24a. REC	EP 1 6		STRAR'S S			

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VS A1S (4) 1SM 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

	1024	15	CERTIFIC	ATE OF DE	ATH		Reg. D	ist. No				
1. PLACE OF DEATH	derick	*	MARYLAND	2. USUAL RESIDENCE CO. STATE MAI	CE (Where decease ryland	ed lived. If instituti b. COUNTY	reside	ence before	re admiss	ian)		
b. CITY OR TOWN (III RURAL and give ne Adamstov	f autside carporate lim carest tawn) M	its, avrite	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Adamstown								
d. NAME OF HOSPIT. OR INSTITUTION	AL (tf nat in haspital, (give street	address)	d. STREET ADDR	PESS					PARM?		
3. NAME OF DECEASED (Type or print)	Fi WILE		Middle HOMER	RENN	4. DATE OF DEATH		ptemb	mber 13, 19				
s. sex Male	6. COLOR OR RACE White	7. MARR	NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	94	9. AGE (In years last birthday) 05 yrs.	Manths Manths		Haurs Haurs	R 24 HRS. Min.		
10a. USUAL OCCUPATION during most of work Farmer	DN (Give kind af wark king life, even if retired	0 _	kind of Business or Indu		(State or foreign			TIZEN OI	F WHAT C	OUNTRY?		
13. FATHER'S NAME William	H. Renn			14. MOTHER'S MA Edith	G. Smith							
1S. WAS DECEASED EVER	R IN U. S. ARMED FOI (If yes, give wor or dates of	Inning		nformant rs. Beatri	ce S. Rei	nn (Same		em #	#1)			
	TH WAS CAUSED BY:	H	ne far (a), (b), and (c).]	rome of	T	Kedul	7		ERVAL BE SET AND			
Canditions, if a gave rise to it cause (a), stating	mmediate (L	with for	elmorie	ng m	elaste	els	2	24	10.		
20g. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH		CONTRIBUTING TO DEATH BU				EN IN PA	RT 1(a)	PERFO YES	AUTOPSY RMED? NO A		
20c. TIME OF INJUR Haur a.m. p. m.	MEDICAL EXAMINER) Y Manth, Day, Ye 19	While		LACE OF INJURY (Ham actory, street, affice bld		ty or tawn)		(Caunty)		(State)		
olive on 12	ot lattended the Suptrales H. (10	59, and that deat	. M.D.	354M, from	Street, city ar tawn,	d on th	ne dote	stoted	above E SIGNED		
220. BURIAL, CREMATIO BURIAL (Specify)	9-16-59		Mount Olivet		-	ation (City, town, derick, M	-	-	(State	e)		
23. FUNERAL DIRECTOR M. R. Etchi		Free	derick, Maryla		REC'D BY REGIS		STRAR'S S					

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240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57

FUNERAL DIRECTOR'S SIGNATUR

deoth.

ST SCHOOL STATE DESCRIPTION OF PRACTICE STATE SMALL TO

PLACE OF DEATH	1044					Reg. Dist.	No.	
o. COUNTY	FREDERICK	MARYLAND	2. USUAL RESIDENCE (* o. STATE MARY		lived. If instituti b. COUNTY		before admi	ssion)
RURAL and give	(If outside corporate limits, write nearest town) Frederick	c. LENGTH OF STAY IN 16	Rural (Br		ote limits, write R			rn)
	ITAL (If not in haspital, give street		/ d. STREET ADDRESS	ddock H	eights M	d.		SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	MARY First	Middle REBECCA:	SMTTH Lost	4. DATE OF DEATH	Septem		Day	Year 19 59
5. SEX Female:	6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Sept. 2, 1	The state of the s	9. AGE (In years last birthdoy) 9. yrs.		YEAR IF UNI	_
10o. USUAL OCCUPAT during most of wo House	ION (Give kind of work done 10b orking life, even if retired)	KIND OF BUSINESS OR IND Homemaker	USTRY 11. BIRTHPLACE (SIG			12.CITIZE	N OF WHAT	COUNTRY
13. FATHER'S NAME	canville C. Zimm	erman	14. MOTHER'S MAIDEN	V. Har	ris	= 5 3		7
15. WAS DECEASED EV (Yes, no. or unknown)	/ER IN U. S. ARMED FORCES? 16. [If yes, give war ar dates of service]	SOCIAL SECURITY NO.	Wilbert L.	Smith,	Rt. #	5, Fred	derick	, Mil.
060X	DUE TO	0 11		I minu				
Conditions, if gove rise to couse (o), stating lying couse lost	immediate DUE TO	Teveralized	(arterios	elero	m			
gove rise to couse (o), stating lying couse lost	immediate DUE TO					VEN IN PART 1	PERF	ORMED?
gove rise to couse (o), stoting lying couse lost PART II. O' 20a. ACCIDENT W OR CONTRIBUTION	immediate g the under- (c) THER SIGNIFICANT CONDITIONS		IT NOT RELATED TO THE TER	RMINAL DISEASE	CONDITION GIV	VEN IN PART 1	PERF	AUTOPSY ORMED?
gove rise to couse (o), stoting lying couse lost PART II. O	immediate g the under- ther SIGNIFICANT CONDITIONS AS UNDERLYING CO CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Doy, Year 20d. While	CONTRIBUTING TO DEATH BUSCERIBE HOW INJURY OCCURRED 206.	IT NOT RELATED TO THE TER	in Port 1 or Port	CONDITION GIV	•	PERF	ORMED?
GOVE rise to couse (o), stoting lying couse lost PART II. O' PART III. O' O'R CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF INJUMENT OF INJ	immediate g the under- (c) CHER SIGNIFICANT CONDITIONS (AS UNDERLYING 20b. DES G CAUSE OF DEATH Y MEDICAL EXAMINER) (RY Month, Doy, Year 20d. 19 white at wo	CONTRIBUTING TO DEATH BUSCERIBE HOW INJURY OCCURRED 206. F	DIT NOT RELATED TO THE TER TED. (Enter noture of injury PLACE OF INJURY (Home, footory, street, office bldg., h accurred at M.D.	erm, 20f. (City etc.)	or town) 1 of item 18.) or town) the causes an reet, city or town,	that I last and an the astate)	PERF YES [unity) saw the date state	(Stote

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retain 1. The haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the page 3 shauld be detached far use as the burial-transit permit. TO HOSPITAL VS A1S (4) 1SM 9/SB

attending physician and campletely filled in by the funeral director, n please remove carbon papers. Pages 1 and 2 should be filed with

Pages 1

Then please remave carby within 72 hours

in any event

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the registrar prior to burial, crematian, ar removal,

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1. PLACE OF DEATH o. COUNTY Frederick MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick							
b. CITY OR TOWN (If autside carporate limi garest tawn)	ts, write	c. LENGTH OF STAY Since-192		c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) // Frederick					n)		
d. NAME OF HOSPI 305 ROCK	TAL (If not in hospital, greell Terrac	ive street	address)		d. STREET A		kwell	ON /				SIDENCE A FARM? NO [X
3. NAME OF DECEASED (Type or print)	RUTH	ERFOF	Middle DEAN		TICKEL		4. DATE OF DEATH	Sept	ember		-,	Year 19 59
s. sex Male	6. COLOR OR RACE White	7. MARR	DIVORCE		L Jan			9. AGE (In years last birthday) Ol yrs.	Months	~	R IF UNDI Haurs	ER 24 HR
during most of wor	ON (Give kind of work king life, even if retired	1	kind of Business of			ACE (State		ountry)		TIZEN O	F WHAT C	OUNTRY
13. FATHER'S NAME John H.	Stickell		R LIVE		14. MOTHER'S	MAIDEN N Harti						
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO		RMANT Hele	n M. S	Sticke	11 (Sam	dress IE &S	ite	m #1))
Canditians, if a gave rise to i couse (a), stating lying cause last.	DITE TO	(G)	Enteros.	te n	the s	andi	t de	ganti	`	on	Lyen	2y
CATIC	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(a)	PERFC	AUTOPSY DRMED?
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter nature o	of injury in I	Part I or Par	t II of item 1B.)				
20c. TIME OF INJUF Haur a. m. p. m.	RY Manth, Day, Ye	While	NJURY OCCURRED Nat while at wark	20e. PLAC factor	E OF INJURY (ry, street, affic	Hame, farm e bldg., etc	, 20f. (City	ar tawn)		(Caunty)	(State
alive on	ex R. Marti	195	7, and that	death a	ccurred at	1:30A	M, fram ADDRESS (SI rket S	the causes at treet, city ar tawn	nd an th , state)	ne dat	e stated	d above
220. BURIAL, CREMATIC BULL Specify	9-21-59)F	22c. NAME OF CEM Mount OL:	ivet (REMATORY Cemeter	у	nd. loca Frede	TION (City, tawn, crick, Ma	or county)	nd	(Stat	te)
23. FUNERAL DIRECTOR M. R. Etc	's signature hison & Son	, Fr	ADDRESS ederick, Ma	arylar	nd		D BY REGIST		Istrar's s			

and 2 should be filed with e funeral director, TO HOSPITAL CONTITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retained by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 ond in ony event within 72 hours after death cremation, or remayal, the registror prior to burial, VS A1S (4) 1SM 9/SB

TORREST CONTRICATE OF DEATH

And telligible

	111248	CERTIFICA	AIL OI L	LAIII			Reg. Dist. N	o.	
1. PLACE OF DEATH o. COUNTY Free	derick	MARYLAND	CTATE	DENCE (Where		. If institution b. COUNTY	reder		ion)
b. CITY OR TOWN (RURAL and give in Jefferson		c. LENGTH OF STAY IN 16		own (If outsi		mits, write R	URAL and give r	learest tawn	1)
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in haspital, give stree	r address)	d. STREET A	DDRESS	1			e. IS RES ON A YES X	FARM
3. NAME OF DECEASED (Type or print)	First CLARA	Middle BELLE ST	OCKMAN	1 4	DATE OF DEATH	Mon Sept	member 1	1	Year 19 5
5. SEX Female	999 0 1	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTI		9. AC	E (In years tebirthday) yrs.	Manths Days	-	R 24 H
10a. USUAL OCCUPATION during most of wor HOUSE-W	ON (Give kind of work done 10th king life, even if retired) ORK	At Home		Yland	fareign country		12. CITIZEN		OUNT
Joseph	E. Zimmerman			MAIDEN NAM	therine	Stine			35
-	ER IN U. S. ARMED FORCES? [16]		NFORMANT 's. Ruth	S. Ing	ram (S	Addi	item #	1)	
Canditians, if a gave rise to it cause (a), stating lying cause last. PART II. OT	immediate (CONTRIBUTING TO DEATH BUT	Levera NOT RELATED TO	Oged THE TERMINA	Carles L DISEASE CON	os cle	EN IN PART 1(a)	19. WAS PERFO	RMED
OR CONTRIBUTING	AS UNDERLYING (1) 20b. DE CAUSE OF DEATH (1) MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature a	f injury in Part	l ar Part II af	item 1B.)			
20c. TIME OF INJUI Haur a. m. p. m.	RY Manth, Day, Year 20d. While 19 at wo	e Nat while fa	ACE OF INJURY (ctary, street, affice	Hame, farm, e bldg., etc.)	20f. (City or to	wn)	(Count	у)	(St
21. I certify the alive on	nat I attended the decea	sed fram Jumes 9 and that death		10:45F AD ferson,	DRESS (Street,	causes an	- 0 -	ite stated	lecea d abo re sign
PHYSICIAN'S NAME (Type)	A. T. Brice, M.	D.							
BURNAL (Specify	9-19-59	St. Luke's Co			d. LOCATION Feagavi		or county) Maryland	(State	e)
23. FUNERAL DIRECTOR M. R. Etc	rs signature hison & Son, Fr	ederick, Maryla	and	24a. REC'D B	Y REGISTRAR		STRAR'S SIGNAT		

may be retain the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by ... funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carboa papers. Pages 1 and 2 shauld be filed with death. Page 4 TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs page 3 shauld be detached for use as the burial-transit permit. Then please remave carboa papers. the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs affect about.

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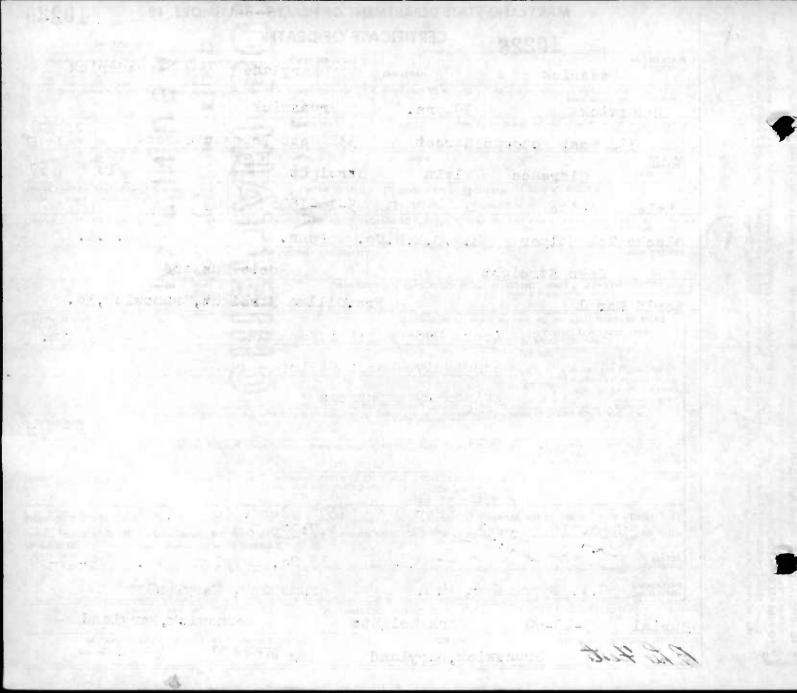
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		1022	25	CERTIF	ICAII	OF L	EAI	Н	14.5		Reg. D	ist. No		
1. PLACE OF DEAT o. COUNTY	H Federi	ck		MARYLA	2. I	STATE M	aryl	here decease	d lived. b.	If instituti COUNTY	Pre	ler	re admiss	sion)
b. CITY OR TOV	/N (If autside car ve nearest town)	porote limits,	write	c. LENGTH OF STAY IN	16			outside corpo	orate limit	ts, write R	URAL ond	give ne	arest town	n)
	swick			39 yrs.	3.	5 Bru	nswi	lek						
d. NAME OF HO	OSPITAL (If nat in ON			Street	1	d. STREET A		Potor	mae	Stre	eet		ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)		First		Middle Elvin	S	treig		4. DATE OF DEATH		9 Mon	th	16		Year 1959
5. SEX	6. COLOR	OR RACE 7		NEVER MARRIED		TE OF BIRTH		5	9. AGE	(In years withdoy) yrs.	IF UNDER			
10a. USUAL OCCU				IND OF BUSINESS OR	_				country)		12. CI1	FIZEN O	F WHAT C	OUNTRY
	working life, ever mith He			B.&.O.R.R	.Co.	Pe	nn.				U	.S.	Α.	
13. FATHER'S NAM	HILL DIE PAG	Ther		D.a.O.II.		. MOTHER'S		NAME		0.60				
	Tohn	Stre	cht				R	osie :	Buss	ard				
15. WAS DECEASE	EVER IN U. S. A	RMED FORCE	S7 16. S	OCIAL SECURITY NO.	INFO	MANT		7		Add	ress			
(Yes, no, or unknown) World	(If yes, give wor	or dates of serv	ice)		Mrs	.will	lma !	Strei	ght,	Bru	nswi	ck,	Md.	
		nly one caus	e per line	for (o), (b), and (c).]	2122							INT	ERVAL BE	ETWEEN
	DEATH WAS CA			ute Myoca	rdia	1 inf	arci	tion			1	ON	SET AND	DEATH
420		DUE TO		3						1100				
7	if any, which)	(b)	co	ngestive	hear	t fai	lure	9						
gove rise	to immediate ting the <u>under-</u>	DUE TO		lmonary e										
		CANT CONDI	TIONS CO	ONTRIBUTING TO DEAT	H BUT NOT	RELATED TO	THE TERA	AINAL DISEAS	SE COND	ITION GIV	VEN IN PA	RT 1(a)	PERFC	AUTOPS' DRMED?
☑ OR CONTRIBU	T WAS UNDERLYITING [] CAUSE (OF DEATH	Ob. DESCI	RIBE HOW INJURY OCC	CURRED. (E	nter noture o	f injury in	Port I or Po	rt II of ite	em 1B.)				
Hour o	NJURY Month, . m.	Doy, Year	While	JURY OCCURRED Not while of work		OF INJURY (street, office			y or town)		(County)		(Stot
21. I certif	y that I atter	ded the d	decease	d fram May 9)	1959	, ta Si	ept.	16	19 5	That I I	ast sa	w the c	decease
alive an	Sept. 1	6	219 5	2, and that d	leath ac	curred at	7:301	DM. fram	the co	uses ar	nd an th	ie dat	e state	d abay
	/ ^				7			ADDRESS (S						TE SIGNI
ACTUAL	CH			92-6	M.D.	15	So	. Mar	ylar	id A	ve.		9-17	7-59
PHYSICIAN'S NAME (Type)	C.T.	Byro	n Ka	o, M.D.		Br	uns	wick,	Mar	yla	nd			
220. BURIAL, CREM REMOYAL (SP Burial	-16.0	TE THEREOF		22c. NAME OF CEMET				Bri	Mean	ick,	or county)	ylar	nd (Sto	te)
23. FUNERAL DIREC		RE	ınsw	ADDRESS	and		24a. REC	SEP 2 2	'59		STRAR'S S			M

TO HOSPITAL OF ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs the death. Page 4 may be retained to the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the function, page 3 should be detached far use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs afforded. VS A15 (4) 15M 9/5B

death. Page 4



MARYLAND STATE DEPARTA

۸E	NT OF HEALTH—BALTIMORE,	18		
25	CERTIFICATE OF DEATH		10	230
		Reg. Dist.	No.	
	2. USUAL RESIDENCE (Where deceased lived. If institu-	tion: Residence	before od	imission)
0	o. STATE Maryland b. COUNT	r		
b	c. CITY OR TOWN (If outside corporate limits, write	RURAL ond gi	ve nearest	town)
	Baltimore 3	VO1-	4	
	d. STREET ADDRESS	VI MILLION		RESIDENCE N A FARM?
	1637 W. North Ave.		YES	
	Last 4. DATE Month		Day	Year
1	mices DEATH DERT.	24	_	1959
8.	DATE OF BIRTH 9. AGE In yours	IF UNDER TYPE	AR IF UN	DER 24 HRS.
9	1/27/23 (est birthday)	Months Day	ys Hours	Min.
ISTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZER	OF WHA	T COUNTRY?
	Maryland	U.	S.A.	
	14. MOTHER'S MAIDEN NAME			
	Dorothea Bogle			
. IN	FORMANT Address			
r	ederick Thomas 351A Su	ter A	ve.	28
			INTERVAL BET	
3	t		I i/	2 hrs
TNO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	EN IN PART 1	a) 19. WA	SAUTOPSY
			YES	ORMED?
(En	ter noture of injury in Part I or Port II of item 18.)			
0	n Route 40			
LAC	E OF INJURY (Home, form, 20f. (City or town)	(County) 7	Md (Stote)
R	E OF INJURY (Home, form, 20f. (City or town) y, street, office bldg., etc.) Nr.Frederi	ck Fr		
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	ide, Hamicide, Undetermined of		LAT, UTIC	i iiia iiai
	the state of the second			
	M.D. CHIEF MEDICAL EXAMINER		DATE	SIGNED
	ASSISTANT MEDICAL EXAMINER			

(Stote)

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10443	Reg. Dist. No.
1. PLACE OF DEATH C. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Near Frederick Route 40	Baltimore 3V0/-4
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 1637 North Avenue on a FARM? YES NO
3. NAME OF First Middle	
(Type or print) Lillian Ernestine	e Tillman 4. DATE Month Doy Year OF DEATH September 24 1959
	8. DATE OF BIRTH Sept. 5, 1921 9. AGE (in yeers lest birthdoy) 38 yrs. FUNDER 1YEAR FUNDER 24 HRS. Months Days Hours Min.
10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
Beautiful most of working site, even it refired)	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Will Douglas	Lellam Hamon
(Ver ea av unbanum) 1 (If we give were as deter al conice)	informant Lillian Daymon 722 hort Main St.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Crished chest	ONSET AND DEATH
IMMEDIATE CAUSE (6)	
8/6 X DUE TO Laceration Ri	ight Lung Minutes
Conditions, if any, which gove rise to immediate cause	
(o), stoting the underlying DUE TO	
couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO TEATH BUT CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Head on collis	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{ NO \(\oldsymbol{\infty} \)} \)
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Port II of item 18.)
	sion Route 40 3 miles West of Frederic
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole)
Hour o 3 4 9/24/1959 While Not while Ro	oute 40 West of Frederick Md.
21. I certify that I took charge of the remains described abo	
death resulted from: Natural causes, Accident Z, Su	
ACTUAL BOOK BOOK SIGNATURE	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S	ASSISTANT MEDICAL EXAMINER
NAME (Type) B.O. Thomas, M.D.	DEPUTY MEDICAL EXAMINER Sept. 25, 1959
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	R CREMATORY 22d. LOCATION (City, town, or county) (State)
Remoral Tept 26.59 Memorial I	Park Tamper, Florida
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Arlington S. Phillips 1808 N. Mc	onroe State SEP 29'59 Cuthun & Huma

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is needed to be writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director forwarded the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior VS. A15ME(5) 5M 9/55

to burial, crematian,

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is affectsory, please execute the cert. The writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct Page 4 should be	forwarded 16 to Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Land 2 with the registrar priar to burial, crematian ar remayal.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10232

Reg. Dist. Na.

1. PLACE OF DEATH a. COUNTY	rederick	MARYLAI	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (ond give pearest low Route 4	If autide corporate limits, write RU	C. LENGTH OF STAY IN	
		ot in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
d. NAME OF HOSPI	TAL OK INSTITUTION (III	or in nospitor, give sneet dudiess)	316 N. Locust
3. NAME OF DECEASED (Type or print)	Richard Richard	Middle Franklin	Trenery DEATH September 24 159
S. SEX		MARRIED T NEVER MARRIED	
Male	White w	IDOWED DIVORCED	April 26,1921 38 yrs. Months Days Hours Min.
10a. USUAL OCCUPATI during most of worki Draftsm	ION (Give kind of wark doning life, even if retired) 18 N	U. S. GOV.	Hagers town Md. U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME
Gib	son S. Tre	narv	Lessie Carrico
	VER IN U. S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO. 11	Mrs. Gertrude V. Trenary Hag. Md.
	TU Feler only one cours	per line for (o), (b), and (c).	
	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Crushed Cl	nest Interval Between ONSET and Death Minutes
816)	DUE TO		
Canditians, if	11.1		
gove rise to imme	ediale couse		PROPERTY OF STREET PARTY OF THE STREET
cause lost.	(c)		
PART II, OT	HER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq NO \(\subseteq \)
PART II. OT	USE WAS DITRIBUTING H		ion Route 40,3 miles W.Frederick
20c. TIME OF INJU	JRY Month, Day, Year	20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) Route 40 Nr.Frederick Frederick
21. I certify t	hat I took charge a	f the remains described a	ibave, held an Autapsy 🔲, Inspection 🙀, Inquiry 🙀, and find that
death resulted	d fram: Natural ca	uses , Accident ,	Suicide, Hamicide, Undetermined cause
ACTUAL SIGNATURE	Both	mae	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S NAME (Type)	B.O.Thoma	s,M.D.	ASSISTANT MEDICAL EXAMINER 1 9/25/59
220. BURIAL, CREMATION REMOVAL (Specify Burial	ON, 22b. DATE THEREOF 9-27-59	22c. NAME OF CEMETERY Rest Have	or CREMATORY 22d. LOCATION (City, town, or county) (Stote) Hagerstown Ma
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Scott F	. Minnich	Son Hagerst	OWN Md DATESEP 28 '59 Colling & Kraus

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VS A15 (4) 15M 9/5B

CERTIFICATE OF DEATH

	102	51	CEI	RTIFICA	ATE OF	DEAT	H			Reg. Dist	No.	
a. COUNTY	Frederic	ck	,	MARYLAND	2. USUAL RE o. STATE		Where decease yland	ed lived. If in b. CO		_	eder	
b. CITY OR TOWN (III RURAL and give ne	f autside carporate limi earest town)	its, write	c. LENGTH OF	2.	c. CITY OF		f autside carpe		vrite RU	RAL ond giv	ve neores	tawn)
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, g	give street o	oddress)		d. STREET	ADDRESS					-	S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	Emma		her	Niddle Whit		ost	4. DATE OF DEATH		Manth Sep		Day	Year 19 5
Female	6. COLOR OR RACE White	7. MARR	DIVE	AARRIED	B. DATE OF BIR		893	9. AGE (In lost birth	, , ,		_	Ours Min.
Housewif	DN (Give kind af wark ing life, even if retired	dane 10b.	Num Hom		STRY 11. BIRTH	PLACE (Sto		country)			J.S.	A .
13. FATHER'S NAME Charles	W. Reca	ard			14. MOTHER	'S MAIDEN						
5. WAS DECEASED EVER	R IN U. S. ARMED FOR (If yes, give war or dates of s	(envise)	SOCIAL SECURIT		NFORMANT	al wa	Davie	13	Addre		ont	Mary
gave rise to in cause (a), stating lying cause last. PART II. OTH		, C.	erely CONTRIBUTING TO	O DEATH BUT	NOT RELATED		MINAL DISEAS		O-P (N IN PART	, , b	PERFORMED?
PART II. OTH	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJU	JRY OCCURRE	D. (Enter nature	af injury i	n Part I ar Pa	rt 11 of item 1	B.)		110	:S NO [
20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Ye	ar 20d. IN While at wark	NJURY OCCURRED Nat while	D 20e. PL	ACE OF INJURY tary, street, aff	(Hame, fo ice bldg., e	orm, 20f. (Cit etc.)	y ar tawn)		(Co	unty)	(Sta
21. I certify the alive an S	at I attended the	decease 193	- A	that agath	accurred a	7, to 1, 9:00) lue	ADDRESS (S		es and	an the	date st	ne deceas ated abay DATE SIGN t.8.5
PHYSICIAN'S NAME (Type) 11 22g. BURIAL, CREMATIO PEMOVAL (Specify)	ATTY H. 3		22c. NAME OF				22d. LOCA	ATION (City,	tawn, ar	caunty)		(Stote)
BUTTAL	7-7-59 S S/GNAPHIDE		United	Bret	hern C		C'D BY REGIS	urmon		Mary		
Raykond E	Creares	agu	Thurmo	mt. M	d		TD 1 0 '50			- 8 4		

e, E KTATE TO STADENTED HE TERNE Maryland Hoirecari Thurmonv 6 yrs. Thurmont Rans , Esther Writhors and and Cont. 7 Female White XX mean May 16, 1893 66 Housewire Own Hone Penna. A.C. 3 Charles W. Fecard Bally Bare Mrs. Evelyn Powell Thurson, Maryles the property of the state of th Pro M. Bernstein PROVINCE VI The second street of the street of the second secon Blue Higgs Land - Line Land - Sept. 3.59 make Herry H. Younes, Jr. . Burish 9-9-59 United Brethern Cem. Thurmont, Maryland

TO HOSPITAL OF ITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of death. Page 4 may be retain by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove afform papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. ofter death.

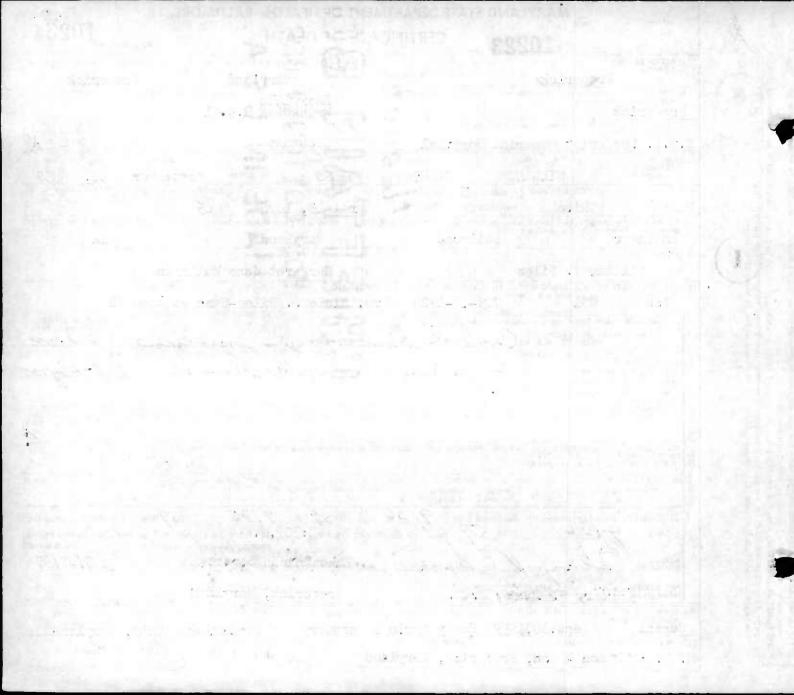
VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10234

	10:	223	CERTIF	ICAT	E OF DE	ATH			Reg. D	ist. No	LUZ	गुक्
1. PLACE OF DEATH o. COUNTY	rederick		MARYL		USUAL RESIDER		vland	lived. If instituti b. COUNTY		eder		sion)
b. CITY OR TOWN (IF RURAL and give nec Frederick	outside carporote lim rest tawn)	its, write	c. LENGTH OF STAY IN	ч 16	c. CITY OR TO	WNUT		ate limits, write f				n)
d. NAME OF HOSPITA OR INSTITUTION D.O.A. Frede					d. STREET ADD						e. IS RES	A FARM?
3. NAME OF DECEASED (Type or print)	WILLI		Middle CLAUDE		Lost WILES		4. DATE OF DEATH	Septer		26	,	Yeor 1959
s. sex Male	6. COLOR OR RACE White	7. MARRII	DIVORCED	- 1	ril 13,	189		9. AGE (In years last birthdoy) 65 yrs.	Months	R 1 YEAR Days	Hours	ER 24 HRS Min.
10a. USUAL OCCUPATION during most of worki	N (Give kind of working life, even if retired)	ind of Business or	INDUSTRY		E (Stote o		untry)	12. CI	USA		COUNTRY
13. FATHER'S NAME Willi	am T. Wile	S	all you	14	Marg			Mullica	n			
15. WAS DECEASED EVER	IN U. S. ARMED FOR		OCIAL SECURITY NO. 5-12-1724		Elsie	E. W	iles-S	Same as		#2		
PART I. DEAT Galaxian Conditions, if on gove rise to im couse (a), stating to lying couse lost.	H WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO y, which (t) mediate ()	Care	for (a), (b), and (c).]	0,,,	verei	ler	- des	lure	re	3	ERVAL BE	TWEEN DEATH
PART II. OTHI	R SIGNIFICANT CON	IDITIONS <u>C</u>	ONTRIBUTING TO DEAT	H BUT NOT	RELATED TO TI	HETERMIN	NAL DISEASE	CONDITION GI	VEN IN PA	RT 1(o) 1	PERFC YES [DRMED?
20c. TIME OF INJURY Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) Month, Day, Ye	ar 20d. IN While ot wark	Not while of work	Oe. PLACE	OF INJURY (Ho , street, office b	me, farm, ldg., etc.)	20f. (City	or town)		(County)		(Stote)
21. I certify the alive an	Jenny	195	for and that of	leath ac	Hast C	30P.	Me fram I ADDRESS (Str		nd an th	ast sav	stated	d abave te signer
220. BURIAL, CREMATION REMOVAL (Specify) Burial	Sept.30,	OF .	22c. NAME OF CEMET Rocky Spri		emetery		Frede	ION (City, town, erick Co	inty,	Mar	07	
23. FUNERAL DIRECTOR'S M. R. Etchi:		Frede	address erick, Mary	land			ET 1		Inthun			



10235

1	1.			OF
		b.		o

10252

CERTIFICATE OF DEATH

Rea. Dist. No.

						-	
1. PLACE OF DEATH o. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (Vo. STATE Ma.)		If institution.	Residence befo	
b. CITY OR TOWN	(If outside corporate limits, write neocestatown)	50 yrs.		outside corporate lim			arest town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give stre	et oddress)	d. STREET ADDRESS	In St.			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Sarepta	Grimes Middle	Winger	4. DATE OF DEATH	Sept.	10	y Year 19 59
5. SEX Female	What ha	RRIED NEVER MARRIED DIVORCED DIVORCED	Aug. 7, 18	9. AGE		HONDER 1 YEAR	IF UNDER 24 HRS. Hours Min.
Housewi	ION (Give kind of work done 10 rking life, even if retired)	b. KIND OF BUSINESS OR INDU	Maryla	and			WHAT COUNTRY?
3. FATHER'S NAME	m 0-4		14. MOTHER'S MAIDEN				
	T. Grimes	A SOCIAL SECURITY NO	Sara!	E. Hess	Addres		
Yes, no, or unknown)	(If yes, give war or dates of service)		Warner T. (irimos			Maryla
gove rise to couse (a), stoting lying couse lost PART II. OI 20a. ACCIDENT WOOR CONTRIBUTING (IF EITHER, NOTIFE	the under DUE TO	S CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER/	MINAL DISEASE COND	DITION GIVEN	N IN PART 1(o)	9. WAS AUTOPSY PERFORMED? YES NO
	G L CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	n Port I or Port II of it	em 18.)		
20c. TIME OF INJU Hour o. m. p. m.	Whi		LACE OF INJURY (Home, for octory, street, office bldg., e		n)	(County)	(Stote)
21. I certify of alive on	James K. G		h occurred at 1;00		ouses ond	on the date	the deceosed stated above. DATE SIGNED
BEHOVAL (Specify		22c. NAME OF CEMETERY O		22d. LOCATION (C	ity, town, or		(Stote)
Raymond	MAN COLLINA	ADDRESS Thurmont,			24b. REGISTE	RAR'S SIGNATUR	RE

TO HOSPITAL MATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hauring and the death. Page 4 may be related by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye contains a pages 1 and 2 should be filed with the registror prior to burial, crematian, ar removal, and in any event within 72 haur often death.

VS A15 (4) 15M 9/5B

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	Marie State Control			union 9-13-59